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THE *M*ARYLAND PHARMACIST



PROCEEDINGS NUMBER 1965

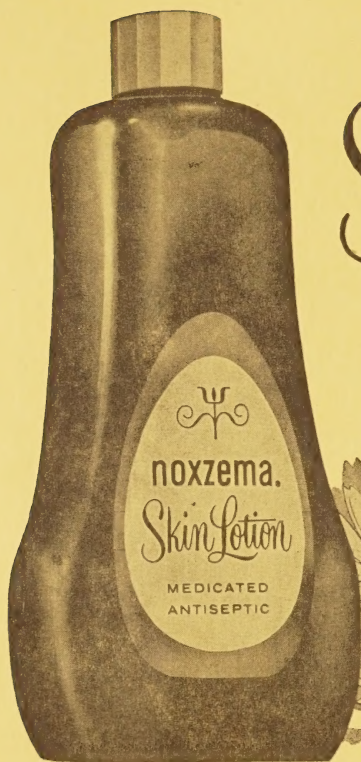
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No. 1

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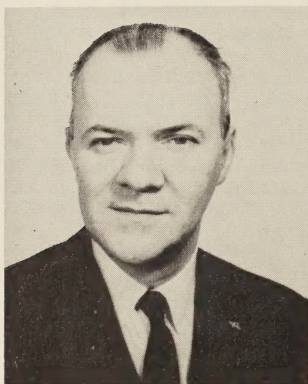
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ALEXANDER J. OGRINZ, JR.
PRESIDENT
MARYLAND PHARMACEUTICAL ASSOCIATION
1965-1966

FOREWORD

This issue is the annual Proceedings number of The Maryland Pharmacist, the official organ of the Maryland Pharmaceutical Association, published as the record of the activities of the Association for the Association year 1964-65.

The reports of officers and committees indicate in a small degree the great contribution, often at personal sacrifice, of many conscientious members who give freely of their time, efforts and resources for the benefit of all in pharmacy and those pharmacy serves.

This issue provides a report of the proceedings at the 83rd Convention of the Maryland Pharmaceutical Association held at the Hotel Dennis, Atlantic City, New Jersey, June 28, 29, 30 - July 1, 1965.

For the first time, a joint session was held with another state pharmaceutical association. The Convention opened with a joint meeting with the New Jersey Pharmaceutical Association. An enlightening panel presentation and stimulating guest speakers provided informative programs.

The recreational and entertainment features were outstanding, including programs at a night club and special programs for the ladies. TAMPA presented an unusually delightful and entertaining show, which was a Convention highlight.

This issue, in addition, contains valuable information and reference material, such as the roster of registered pharmacists, the membership rolls of the Association and of T.A.M.P.A.

The reports of the University of Maryland School of Pharmacy and the Maryland Board of Pharmacy and regulations governing the filling of oral narcotic prescriptions are important features available in no other publication. You will find it useful to keep the Proceedings Issue for reference.

The Proceedings Issue reflects part of the broad scope of interest, activities and services encompassed by the Maryland Pharmaceutical Association, the pharmacists of Maryland and those allied with the practice of pharmacy. It indicates that the pharmacists of Maryland approach the practice of pharmacy as a profession, whether engaged in community practice, hospital pharmacy, education, manufacturing, distribution, enforcement or otherwise.

Through his professional association the pharmacist works with his colleagues to advance the profession of pharmacy so that it may be in a position to better serve the public interest which must always be paramount.

If this issue succeeds in an effort to provide some insight to both the membership and the subscribers of the "state of pharmacy" in Maryland and the essential role of pharmacists as members of the health team, the time and effort entailed in publication have been worthwhile.

NATHAN I. GRUZ, Editor

... Proceedings ...

of the

Eighty-Third Annual Meeting

of the

Maryland Pharmaceutical Association

Held at

HOTEL DENNIS

Atlantic City, New Jersey

June 28, 29, 30, July 1, 1965

FIRST SESSION

Monday, June 28

The opening part of the First Session of the 83rd Annual Meeting was held jointly with the New Jersey State Pharmaceutical Association in the Convention Hall of the Deauville Hotel.

The Joint Session, the first held by the Maryland Pharmaceutical Association with a pharmaceutical association of another state, was called to order at 12:00 by Abraham Rubin, President of the N.J.S.P.A. Mr. Rubin turned the gavel over to Solomon Weiner, M.P.A. President, who opened the proceedings as follows:

"Today is a significant meeting for our two associations. It is not often that two state associations join together at an annual convention.

It is also an historic occasion in that the presidents of our two great national organizations share such a joint platform.

For me it is a great honor to preside on such an occasion. I am delighted to bring the greetings from the officers and members of the state professional society of Maryland pharmacists - the Maryland Pharmaceutical Association.

Maryland has a tradition of producing outstanding leaders in pharmacy. We have provided such men as Caspari, E. F. Kelly, Dunning and Swain. You, therefore, exhibited great wisdom in coming to Maryland for your association secretary, Alvin Geser. We are not surprised, therefore, to find that he is performing an outstanding job for the pharmacists of New Jersey.

It is my privilege now to introduce to you our first speaker, Grover C. Bowles, the president of the 112 year old American Pharmaceutical Association, the national professional society of all pharmacists."

The address of Mr. Bowles was published in the July 1965 issue of The Maryland Pharmacist.

President Weiner then introduced Leonard J. Dueker, President of the National Association of Retail Druggists.

Mr. Dueker's speech may be found in the December 1965 issue of The Maryland Pharmacist.

The Joint Session was concluded with the audience participating in a question and answer period with presidents Bowles and Dueker.

The members of the M.P.A. then proceeded to the Garden Lounge of the Hotel Dennis, where President Weiner called the Convention to order at 2:30 P.M.

After extending a welcome to all in attendance, Mr. Weiner called on the following who brought greetings from their respective organizations: Irving I. Cohen, Immediate Past-President and Chairman of the Executive Committee, Baltimore Metropolitan Pharmaceutical Association; Mary Connelly, Secretary, Maryland Association of Hospital Pharmacists; Samuel Wertheimer, Immediate Past President of the Allegany- Garrett Counties Pharmaceutical Association; Richard D. Parker, President, Prince Georges-Montgomery County Pharmaceutical Association Alfred E. Callahan, President, Travelers Auxiliary, Maryland Pharmaceutical Association.

Executive Secretary Nathan I. Gruz read a letter from A. A. M. (Archie) Dewing of Centreville, 1938 M.P.A. President, who expressed regrets at his inability to be present.

After a welcome from Mr. John M. Snyder, Director of Sales, Hotel Dennis, President Weiner then called upon committee chairmen and others for their reports.

REPORT OF THE SOCIAL COMMITTEE

Alexander J. Ogrinz, Jr., Chairman

The work basically evolves around three features: two Regional Meetings and the Convention.

1. Fall Regional Meeting - October 22, 1964 - Peter Pan in Frederick.

Topic: "Proposals for Reclassification of Drugs."

Moderator - MPA Vice President Morris R. Yaffe.

Panelists - Robert F. Steeves, Director of Legal Division, A.Ph.A. Joseph Cohen, Director of Professional Relations, N.A.R.D.

2. Spring Regional Meeting - April 29, 1964 - Washingtonian Country Club, Gaithersburg, Md.

Topic: "Physician-Pharmacists Relationships."

Moderator - Dr. John Schaefer - Pharmacy Liaison Subcommittee of Medical & Chirurgical Faculty of Maryland.

Speaker and Panelists were:

Dr. E. P. Williamson - Pharmacy Liaison Subcommittee, Medical & Chirurgical Faculty.

Dr. B. Martin Middleton - Medical & Chirurgical Legislative Committee.

Mr. Jack Sargeant - Executive Secretary, Medical & Chirurgical Faculty of Maryland.

3. Convention.

The program in your hand covers the activities. However, it is well to note that the Chairman of the Social Committee appoints an all encompassing committee for the Convention only.

This committee has complete representation from MPA, TAMPA and LAMPA. There was one general meeting called - subcommittees appointed and each group given an assignment. This resulted in many smaller meetings and at least 3 trips to Atlantic City for discussion with Mr. Jack Snyder, the Director of Sales of the Dennis. It is the sincere hope of your convention committee that their efforts be rewarded by presenting to you a fine and complete convention.

REPORT OF THE EXECUTIVE COMMITTEE

William A. Cooley, Chairman

The Executive Committee convened for eleven meetings during the Association year of 1964-65. The following report covers only the highlights of the matters considered by this committee.

The Executive Committee is charged with the responsibility of managing the affairs of the Association. These meetings required many hours of preparation and participation by both its members and the Association staff.

Shelburne Hotel, Atlantic City, N. J., July 2, 1964

The first Executive Committee meeting of the 1964-65 year was held on the last day of the 1964 Convention. The first order of business was the re-appointment of Nathan I. Gruz as Executive Secretary. Convention sites for future years were considered. A motion was passed requiring resolutions to be submitted to the Resolutions Committee fifteen (15) days before the Convention except for emergency resolutions. It was suggested that committee reports be submitted in writing in advance of the Convention, condensed and mimeographed.

Kelly Memorial Building, August 13, 1964

Reports were made on the Program of the A.Ph.A. Convention. Irving I. Cohen was recommended for vacancy on the Board of Pharmacy. The Hotel Dennis was approved for the 1965 Convention. Proposals for legislation on reclassification of drugs were discussed. Progress reports were made by the Legislative and Simon Solomon Pharmacy Economics Seminar Committees. Committees for the year were approved. It was agreed to support a proposal by Dean Foss

for a continuing education program by faculty members throughout the state.

Kelly Memorial Building, September 10, 1964

Programs on reclassification of drugs was announced for the Regional Meeting. A progress report was made on the Joint M.P.A.-Cancer Society program. A matter concerning prescription services for retired persons was reviewed. Matters concerning public relations, amendments to the Constitution and public speaking course were discussed. Action to obtain the support of our congressmen on repeal of Federal Excise Tax returns was agreed on. A motion to work with the Maryland Heart Association in revising their drug distribution policy was passed. Appropriation for a scholarship for an Eastern Shore applicant was approved.

Peter Pan, Urbana, Maryland, October 22, 1964

Results of contacts made to manufacturers regarding manner of listing prices in the Red and Blue Books were announced. Action regarding distribution policies of oral contraceptive drugs was reported. Other reports included the N.A.R.D. Convention, manufactures programs of special prescription plans for initial prescriptions, Progress reports were presented by the Legislative and Simon Solomon. Pharmacy Economics Seminar Committees. Plans for a Diabetes Detection Week were announced. Political Information Committee reported the results of its meetings. Original proposals for the Model Pharmacy and Museum were withdrawn. Nelson G. Diener was elected to honorary membership. Proposals for amending the Constitution to provide for reciprocal membership and new procedure for amendments were approved. Joint billing of dues with the Baltimore Metropolitan Pharmaceutical Association was adopted. Harold Goldfeder was endorsed for 5th Vice President of N.A.R.D.

Kelly Memorial Building, December 3, 1964

The efforts of the secretary and legal counsel regarding pharmacy services under Medical Care was reported. Matters considered by the Pharmacy Liaison Committee of Med-Chi were presented. The status of Quality Stabilization legislation was discussed. A representative of the pharmacy student body appeared to present views regarding practical experience requirements. The Professional Protective Bureau was endorsed to solicit the membership as an Association service. Backing was given to the Swain Model Pharmacy and Cole Museum to solicit funds and guarantee part of the money required. Legislative proposals were reported on. A budget of \$35,150.00 for 1965 was approved, as well as procedures for salary increases.

Kelly Memorial Building, January 7, 1965

The distribution of contraceptive drugs by Health Clinics was reported. Proposals for the 1965 legislative program were agreed on. Delegates to the A.Ph.A. Convention were designated. Reports were presented on the Swain Seminar, School of Pharmacy and Public Relations programs.

Kelly Memorial Building, February 11, 1965

Activities in support of the Association legislative program were reported on. A committee was designated concerning the Maryland Retardation Planning program. Plans for Poison Prevention Week were outlined. Efforts to secure additional funds in the supplementary budget for pharmacy services under Medical Care were stressed. Action was taken on various Federal Medical Care proposals. Gordon A. Mouat was recommended to replace Walter Albrecht, whose term expired on the State Council on Medical Care. Higher premium rates for the Association health and accident program were accepted. Frank Block was recommended for office in the A.Ph.A.

Kelly Memorial Building, March 4, 1965

This was a special Executive Committee meeting to consider recommendations of the Legislative Committee on Federal Medical Care legislation. Legislation presented before the State Legislature and the Federal Bill on stimulant and depressant drugs were also reviewed.

Kelly Memorial Building, March 11, 1965

Progress on the M.P.A. legislative program and other legislation of interest on State and Federal levels were reported on. The secretary presented results of conferences with medical and other groups and the Governor's staff on Medical Care. The Grievance Committee was directed to look into the matter of signs regarding Medical Care and MAA prescriptions. Dean Foss reported on the Robins Bowl of Hygeia Award. A position in favor of a Federal Medical Bill for the Aged providing for pharmacy services with free choice of pharmacy and financing from treasury funds was adopted.

Washingtonian Country Club, Gaithersburg, Md., April 29, 1965

The results of the 1965 State legislative session were presented. An increase in fees for prescriptions under Medical Care, effective July 1st, was approved by the Legislature, but the pharmacy legislative program failed. Repeal of Fair Trade was killed and certain exemptions were secured for pharmacies in the minimum wage bill. Possible violations of pharmacy laws were reported on. Major issues highlighting the A.Ph.A. Convention were reported on. Relations with T.A.M.P.A. were discussed and plans for greater consideration for T.A.M.P.A. were suggested. The Career Opportunities Exposition, at which the M.P.A. and Alumni Association sponsored a booth, was reported on. Irving Cohen reported that the Henry B. Gilpin Company would participate in the installation of the Model Pharmacy and Museum. The establishment of a special Swain-Cole Fund for contributions was approved. The Finance Committee reported on matters under consideration. Plans for securing further consideration for pharmacy under Medical Care for the 1966-67 year were agreed on. Jerome Mask, Don Fedder and Secretary Gruz were appointed to participate in a Legislative Liaison Committee of the health professions. Resolution protesting prescription information requirements of insurance companies was passed.

Provisions for a new membership application form were adopted. It was decided to award a citation to John C. MacFarlane, President of Youngs Drug Products Corporation, for policies on behalf of pharmacy and public health.

Kelly Memorial Building, May 27, 1965

The delay in payment for Medical Care prescriptions by the State and measures to remedy this were reported on. Rulings of the Attorney General regarding Board of Pharmacy action on pharmacy advertising law violations were announced. Morris Yaffe and Morton Schnaper were appointed as representatives to the annual meeting of the Maryland Association for Mental Health. A proposal was presented by an accounting firm to conduct a survey to determine the cost of filling a prescription in Maryland. Approval for a survey was given with the provision that further proposals and estimates be obtained. Recommendations were made to the Nominating Committee to fill a vacancy on the State Board of Pharmacy. Progress report was made on Convention arrangements. Results of a meeting with hospital pharmacists regarding out-patient prescription practices were reviewed. Victor H. Morgenroth, Jr. was recommended for appointment to the State Advisory Council on Hospital Licensing. The sum of \$1,000.00 was allocated from the Scholarship Fund for scholarships during the coming year. Announcement was made of work to begin on a code of understanding with the medical profession.

The summary of Executive Committee meetings which I have just presented represents many pages of Executive Committee minutes. I appreciate the support and cooperation of the officers and members of the Executive Committee, as well as the Association staff.

I wish to thank you for the honor and privilege of serving the Association as Chairman of the Executive Committee for the past year.

REPORT OF BUILDING COMMITTEE

Sam A. Goldstein, Chairman

Delivered by Alexander J. Ogrinz, Jr.

No major work was undertaken in the Kelly Memorial Building during the past year. Minor repairs were necessitated and additional shelving installed.

It is expected that arrangements will be completed for the installation of the B. Olive Cole Museum in the foyer of the Kelly Memorial Building. There are plans for changes in the office area necessitated by the establishment of the Museum and for greater working efficiency.

The building is in sound condition and is admired as one of the outstanding state association buildings.

REPORT OF THE SCHOOL OF PHARMACY COMMITTEE**Irving I. Cohen, Chairman**

The School of Pharmacy Committee spent a full and busy year working on the two major projects — the Robert L. Swain Model Pharmacy and the B. Olive Cole Museum, as well as holding an important meeting with the representatives of the various undergraduate classes of the School of Pharmacy.

As to the Model Pharmacy, this project has expended far beyond our expectations. The Henry B. Gilpin Co. has joined with us to furnish a truly model pharmacy—the cost of which at the present time will exceed \$20,000. This costly project would not have been possible without the cooperation and assistance of Mr. L. Scott Grauel of the Henry B. Gilpin Co., who not only has gone along with every recommendation of the School of Pharmacy Committee, but has agreed to help raise the necessary fund to implement the Pharmacy as well as Museum. It has been a very long time and, while I cannot promise you for sure, I believe a model pharmacy will be installed by October 1st.

The B. Olive Cole Museum is a reality. At this time phase I of the Cole Museum is under construction and your committee is working diligently to raise funds for phase II and phase III. Phase I is the installation of the upper part of the Museum in the room known as the Kelly Room. Phase II represents a 100% remodeling of the downstairs meeting room and installation of museum cases. Phase III is the installation of an old fashioned pharmacy. Phase II and III will be known as the L. Manuel Hendler section of the B. Olive Cole Museum. The entire project will represent for physical plant approximately \$20,000. The Kelly section cost is approximately \$3,800. The lower two sections will cost about \$17,000.

I hope this year will see the dedication of both projects.

Our relations with the School of Pharmacy remain excellent. Cooperation, friendly advice and assistance are always forthcoming. Enrollment will be somewhat over 100 students for the three professional years in Baltimore.

A very interesting meeting was held with student representatives where the matter of pre-registration working experience was broadly discussed. The feeling among the students is that changes in the mode and method of securing experience be investigated and evaluated. The present system has been in vogue for a long time and perhaps should be revised.

The Pharmacy School Committee plans to meet with the Secretary of the Board of Pharmacy, Frank Balassone, to discuss these matters. For several years a system of preceptorship has been talked about, but nothing concrete has come about. I feel the installation of the Model Pharmacy will in some manner help toward this end, although it is not the answer to the problem.

I wish to extend my thanks to the members of my committee, as well as Dean Noel E. Foss of the School of Pharmacy, who has extended us his complete cooperation and invaluable assistance. I also wish to extend my thanks to the able trio at the School of Pharmacy — Dr. Ralph Shangraw, Dr. Peter Lamy and Dean Leavitt — for their contributions to the Model Pharmacy project, as well as our own Secretary Nathan Gruz, who has worked so diligently on behalf of our combined projects. His faith, interest and cooperation toward achieving our goals was a source of comfort when things arose to complicate and frustrate our efforts.

REPORT OF THE PROFESSIONAL RELATIONS COMMITTEE

Stephen J. Provenza, Chairman

As in previous years, our committee cooperated with Dr. A. A. Silver, Chairman of the Diabetes Committee of the Medical and Chirurgical Faculty and also President of the Maryland Diabetes Association, in promoting National Diabetes Detection Week. In Baltimore an elaborate detection center was established at the Fifth Regiment Armory where diabetic diagnostic procedures were made available to approximately 5,000 patients. Letters were sent to the churches of Baltimore inviting their congregations to come to the Armory for this health event. Scores of volunteer workers and medical technicians from the hospitals in the Baltimore area participated in this project which lasted from Monday through Thursday. Our Association together with the Baltimore Metropolitan Pharmaceutical Association presented an exhibit featuring diabetic supplies. Our committee aided in the procurement of medical supplies and publicity in this diabetic detection drive.

In May of this year, the Maryland State Dental Association held its convention at the Lord Baltimore Hotel. Our Association was given space for an exhibit which featured the "Accepted Dental Remedies" published by the American Dental Association. The theme was "Consult Your Pharmacist for Drug Information." Application blanks for federal narcotic permits were distributed to those dentists interested. As in former years attention was called to the role of the pharmacist who can prepare many formulas of preparations useful in the dental office at an appreciable saving in cost and more conveniently than through dental supply houses.

At the Alcazar in Baltimore, the Medical and Chirurgical Faculty held its annual meeting on April 21, 22 and 23. Our exhibit sponsored jointly with the Baltimore Metropolitan Pharmaceutical Association, featured the pharmacist's library. Memo books were distributed and also federal narcotic regulations furnished by the Federal Narcotic Bureau in Baltimore. Approximately 1,000 members, nurses, medical secretaries and internes registered for this meeting. A health evaluation testing center was made available that included chest x-rays, electrocardiograms, urinalysis, four blood chemistries, a tonometer test for glaucoma, blood pres-

sure determinations and other tests. The annual meeting to be held in Baltimore for 1966 is to include a cruise to Bermuda. Pharmacists interested in this cruise may get further information from the Faculty Headquarters at 1211 Cathedral Street.

Physicians have asked the Baltimore Institute and Villa Jolie where medical secretaries are trained that lectures on drug regulations, pharmaceutical and medical terminology, besides elementary pharmacology, would make them more valuable. Your Chairman and Jerome L. Fine appeared before these groups of future medical secretaries and discussed these subjects with the aid of a projector with appropriate colored slides.

With chloramphenicol (Chloromycetin), Chloroquine (Aralen), and tranlycypromine (Parnate) causing headlines in the lay, medical and pharmaceutical press the, FDA has turned its attention to physicians and whether they follow labeling instructions in prescribing drugs. According to an article in the May 10 issue of the A.M.A. Journal written by Dr. D. H. Mills, what is lacking is a complete, reliable and drug compendium. The A.M.A. is to change the title of their publication — "New and Nonofficial Drugs" — to — "New Drugs." Whether it fulfills the need in the prescribing of potentially hazardous drugs remains to be seen. At the present time some state courts have held physicians responsible for drug reactions from statements made in the brochures enclosed in drug packages by pharmaceutical manufacturers.

The liaison committee of our Association and the Medical & Chirurgical Faculty of Maryland held regular meetings during the year resulting in a symposium held at our Spring Regional Meeting at the Washingtonian Motel. The topic undertaken was "Physician-Pharmacists Relationships." As a result, two subcommittees were appointed by Victor H. Morgenroth to—

First, write two editorials of approximately 5,000 words to appear in the Baltimore Sun discussing Pharmacy and Medicine.

Second, develop a preliminary report on a mutual code of understanding between Pharmacy and Medicine.

In conclusion, I wish to offer my personal thanks to the following list for their cooperation and initiative: George Stiffman, Jerry Fine, Max Ansell, Aaron Libowitz, Charles E. Spigelmire, Solomon Weiner, Samuel Sheller, Jerome Mask, Ray Morstein and Morris Bookoff.

Thank you for your attention and if there are any questions or comments, I shall be glad to hear them.

REPORT OF LEGISLATIVE COMMITTEE

Jerome Mask, Chairman

The main function of the Legislative Committee, that of developing proposals to make needed revisions in our pharmacy laws, was taken over by our Steering Committee composed of representatives

of the Board of Pharmacy, Board of Health, MPA and various local associations, chaired by Mr. Balassone.

The Steering Committee, after many hours in many meetings, submitted proposals for changes in our pharmacy laws to the Executive Committee. To endorse the proposals in detail, these proposals were presented to the local associations and copies were sent to each member of the MPA. The Executive Committee of the BMPA, the general members and membership of the Eastern Shore Pharmaceutical Society and the Allegany-Garrett County Pharmaceutical Association, and with some reservations the Prince Georges-Montgomery Counties Pharmaceutical Association endorsed the proposals. Because a quorum was not present at a special meeting called by the MPA for the purpose of obtaining endorsement of these proposals, no official vote was taken. However, a large majority of those present and because of no opposition from those not present, the Executive Committee adopted these proposals as its 1965 Legislative program.

The program was submitted to the Maryland Legislature, but the bill was not approved in committee. It is my understanding that the opposition came from within the ranks of pharmacy rather than from sources outside of pharmacy. At a meeting subsequent to this defeat, the Legislative Committee reaffirmed its endorsement of the aims of the 1965 Legislative program. We determined to seek information that would enable us to modify this proposal, eliminating the objections within pharmacy while keeping the aims and goals of the program intact.

The Legislative Committee was also active in the other areas of legislation. We presented to the Executive Committee views on Medicare. We were active in obtaining exemptions for pharmacists in minimum wage requirements. We were active in defeating a Fair Trade repealer. Although not directly a function of the Legislative Committee, we were active in working for increased fees for prescriptions filled by the Medical Care obtained this year. We were also instrumental in making it mandatory for a pharmacist to be included as a member of the Advisory Committee for Hospital Licensing.

As Chairman of this committee, I accompanied Secretary Gruz on numerous occasions to Annapolis to contact delegates and state senators. I feel we made some progress in creating a personal relationship with various legislators. I suggest we try to cultivate this relationship. I further suggest that when we hold a function or an affair we invite as guests the legislators in the area where such function or affair is held.

I sincerely hope that next year the Legislative Committee will be able to report more success in its legislative program.

REPORT OF PHARMACY WEEK COMMITTEE**Morris L. Cooper, Chairman****Delivered by Charles E. Spigelmire**

The Maryland Pharmaceutical Association sponsors the National Pharmacy Week Competition, which reveals an upward trend in participation and depth of appreciation of professional window displays. It apparently confirms the soundness of the concept of tying the pharmacist more closely to work on major health problems, from the viewpoint of either public service or public relations.

It is hoped that these carefully selected group of window displays may serve as an incentive to greater use of this type of professional publicity, thereby increasing respect for a calling that deserves more credit than it receives for its contribution to public health.

The Pharmacy Week Committee of the Maryland Pharmaceutical Association had several meetings during the year, where plans for professional window displays to be installed during National Pharmacy Week and Poison Prevention Week, were formulated. The committee designed and made available window display kits for these two events.

Television and Radio Announcements of National Pharmacy Week were publicized with the able help of Mr. Charles Spigelmire through Stations WWIN, WAYE, WBAL, WITH, WCBM, WMAR-TV and WCAO.

An official proclamation by Governor J. Millard Tawes and Mayor Theodore R. McKeldin proclaimed National Pharmacy Week from October 4th to October 11th. National Pharmacy Week was also publicized thru the B.M.P.A. News Letter, Calvert Bulletin, Loewy Letter and Gilpin Tips.

The National Pharmacy Week theme this year was,

"Your Pharmacist, serving you more—serving you better"

During this week seventy-nine professional kits were sold and displayed throughout Baltimore City and the State of Maryland.

The decision of the judges were as follows:

- 1st Prize—Morris L. Cooper, Cooper Drug Store, Park and North Avenues.
- 2nd Prize—Aaron Libowitz, Libby's Rexall Drug Store, 4901 Belair Road.
- 3rd Prize—John Thomas, Thomas and Thompson, Baltimore and Light Sts.

The Judges were:

Miss Howard Hubbard, Chief of Public Relations, Enoch Pratt Free Library.

Mrs. C. Fenton Harrison, Chairman Public Education, Maryland Division, American Cancer Society.

Dr. Benjamin F. Allen, Associate Professor of Pharmacy, University of Maryland School of Pharmacy.

During Poison Prevention Week, March 21-27, 76 professional kits were sold and installed throughout the city and state.

I wish to take this opportunity to thank all the members of this committee for their generous support and assistance.

REPORT OF MEMBERSHIP COMMITTEE

Milton A. Friedman, Chairman

The Membership Committee has met on several occasions during the year and has carried on an extensive program of contacting delinquent and prospective new members. The Secretary has rendered invaluable assistance in his follow-up work in contacting all such members or prospective members.

The change-over of membership classification last year so that all licensed pharmacists were eligible only for active membership, we believe has worked to the advantage of the Association, even though some associate members dropped out.

We feel that it will be necessary to organize the Membership Committee into groups or sections, one for each geographic area, with Vice-chairmen for each large subdivision. Under each Vice-chairman there should be specific members who will take on the responsibility for specific areas of the State, so that full and effective coverage would be available for canvassing every potential new member, and every possible delinquent member. In this way, membership totals would be increased and delinquencies would be minimized. This proposal needs serious study.

Another suggestion which we wish to make stems from the organization of our comparable sister organizations in medicine, law, dentistry, etc. The city and county societies should be component parts of the state organization, so that membership in any city or county society would automatically mean membership in the state association. We realize that some county or city societies might oppose their supposed loss of autonomy, but this has not occurred in the comparable groups named above, and Pharmacy would be strengthened throughout the State if such an arrangement were in effect.

Under the arrangement proposed above, the unit billing system which has already been initiated would serve both the state and the component society, and the membership roster of each would be increased. Under the arrangement, a section of *The Maryland Pharmacist* would be devoted to each component society, similar to the arrangement of the Medical and Chirurgical Faculty *Maryland State Medical Journal*. In this way, much duplication of mailings would be avoided, and each component society's members would know what is going on throughout the State. This would increase interest and attendance at all meetings, and should increase the advertisements available to *The Maryland Pharmacist*.

The comparable figures for membership in 1964-65 and of 1963-64 are:

	Active	Associate	Affiliate	Totals
December 31, 1964 . . .	780	44	35	859
Convention 1964	709	42	33	784
Convention 1965	702	33	35	770

Your chairman wishes to thank all of the members of the committee who assisted in the work and attended the meetings, and also to thank the Secretary and the office staff for their cooperation and assistance.

REPORT OF FINANCE COMMITTEE

Gordon A. Mouat, Chairman

The Finance Committee has had two meetings since its appointment last summer. The first meeting was held on November 20, 1964 with three invited guests; Irving Cohen, President BMPA, Sam Goldstein, Chairman Finance Committee BMPA, and Dean Noel E. Foss.

Upon examining the 1963-64 Budget, it was found the anticipated income was exceeded by about \$1500.00, most of which was due to income derived from the 1964 Convention. Expenses were about \$1300.00 less than anticipated which was due to having allocated \$1500.00 to the Legislative Committee and their use was only \$175.00. After reviewing the expenses and income from the past year and projecting same for this year, it was found necessary to raise the budget from \$33,500.00 to \$35,150.00. Most of this increase can be attributed to salaries. To offset this additional expense, it will be necessary to increase our active or affiliate membership by about 20, this figure should be readily available.

The attached balance sheet shows the figures from which the Committee worked and also its conclusions. This budget was accepted by the Executive Committee at its meeting on December 3, 1965. Also approved was a recommendation of procedure regarding Executive salary increases as suggested by the Finance Committee.

Other recommendations of the Finance Committee that were approved by the Executive Committee are as follows:

1. The endorsement of The Professional Credit Protective Bureau to solicit the membership in regards to bill collecting.
2. To guarantee funds up to \$10,000.00 in addition to funds already in hand for the installation of a Model Pharmacy in the School of Pharmacy. In addition a total fund of \$22,000.00 to be set for solicitation for a complete installation of a Model Pharmacy as well as the B. Olive Cole Museum and an Antique Pharmacy in the Kelly Building. Total \$40,000.00.

A recommendation that the Pension Fund be activated was tabled by the Executive Committee pending receipt of proposals

from legal counsel since this could affect future executive salary increases.

The Finance Committee held its second meeting on April 27, 1965 to consider a request for an executive salary increase. Again the BMPA was represented by the following guests: Charles E. Spigelmire, Sam A. Goldstein and Irving I. Cohen. After reviewing all available information regarding membership, bank balance, etc., it was decided the procedure regarding executive salary increases established in its previous meeting was not feasible and so notified the Executive Committee at its next meeting. The Finance Committee recommended that such request should be considered at a later date and the Executive Committee concurred.

FINANCE COMMITTEE - BUDGET

MARYLAND PHARMACEUTICAL ASSOCIATION - NOVEMBER 20, 1964

	1963 Estimated Budget	1963 Actual Disbursements	1964 Estimated Budget	1965 Estimated Budget	1965 Estimated Income
Office Expense	\$5,000.00	\$5,489.06	\$6,000.00	\$6,000.00	Dues—Gross \$20,150.00
Salaries	19,000.00	18,973.75	19,000.00	20,500.00	(Act.&Affil. 760x25-19,000.
Pension	3,000.00	2,917.92	3,000.00	3,000.00	(Active 50x10 - 500.
Light, Heat, Water, etc. . .	900.00	904.30	900.00	900.00	(Associate 65x10 - 650.
Taxes (Payroll)	800.00	737.86	800.00	800.00	
Audit	150.00	150.00	150.00	150.00	Convention
Professional Relations . . .		176.60	250.00	176.60	
Legislative Committee . . .		1,267.88	1,750.00	1,750.00	B.M.P.A.
Insurance	150.00	191.65	200.00	300.00	
Legal Expense	750.00	750.00	750.00	750.00	Md. Pharmacist
Miscellaneous:					
Fair Trade Committee...		171.43			
Public Relations Comm...		197.97			
Pharmacy Week Comm...		273.48	250.00		
Repairs		13.00			
School of Phar. Comm...		55.70			
Congress of Professions..		10.00			
Swain Seminar		210.70			
Alumni Ads		50.00			
Ins. & Pension Comm...		61.42			
Simon Solomon Seminar		333.80			
Regional Meetings		23.70			
Other Miscellaneous . . .	2,500.00		450.00	1,000.00	
TOTAL	\$32,250.00	\$32,960.22	\$33,500.00	\$35,150.00	\$35,150.00

NOTE: In 1963 \$1278.00 transferred to Kelly Memorial Building Fund.

REPORT OF THE PUBLIC RELATIONS COMMITTEE**Charles E. Spigelmire, Chairman**

If we are to survive as a profession in this day of attack from all sides, we must unite all parts of the profession.

Retail pharmacists must recognize the fact that they can expect no help from any source other than themselves. Retail pharmacists must also realize that the wishes of the public must be recognized.

I can assure each and every one of you that nobody is more cognizant of this situation than the members of your Public Relations Committee. This is why, day after day, week after week, and month after month, your Public Relations Committee tries to instill in the minds of the consumers that the independent pharmacist is truly their best neighbor.

It tries to create an image of you with the public that makes you feel proud to be a pharmacist. It strives to develop an air of permanency and stability for the pharmacy in the community.

We have used radio, television, newspapers and public appearances to impress the public with the pharmacist's importance to their health and welfare.

In a sincere effort to help your customers obtain a comprehensive and intelligent explanation of the many health subjects they are interested in, your Association is again offering you a splendid opportunity to create a complete and diversified Health Information Center in your stores. Through the tireless efforts of our Secretary Nathan Gruz, we have been able to obtain a custom-made pamphlet rack which will hold about twenty different pamphlets. This beautiful rack may be obtained from the Association for \$15.00. This compares with a pamphlet rack we formerly obtained from out of town and cost \$25.00. I may also advise you this rack will be delivered to your store.

A book containing a most complete list of health pamphlets may be obtained from the Maryland State Department of Health for \$1.00. This book contains numerous pamphlets, prepared by the Maryland State Department of Health, which you may obtain to fill your Health Information Rack, and at the same time supply a source of information for which your customers will thank you many times, and express their appreciation by increased patronage in your store. This Health Information Center seems to have the magnetic power to draw more people to your drug and prescription departments than any of the present forms of store advertising.

The success of the Health Information Center depends upon you. You must keep it filled with pamphlets. You must keep it neat and clean and you must place it in prominent spot in your store.

During the past year the Maryland Pharmaceutical Association participated in a joint cancer educational program with the Maryland Division of the American Cancer Society. This program was motivated and the program developed by our dynamic Secretary

Nathan Gruz. This was the first joint program of this type anywhere in the United States. This joint program of cancer education was produced with the primary objective of giving you, the independent pharmacist, another opportunity to bring more customers into your stores in quest of the pamphlets which were distributed to our stores throughout the year at two month intervals. Your Public Relations Committee feels this educational program served its purpose well because by pamphlets, radio and television, it directed many additional customers into your stores. We tried very hard with this cancer educational program to create a superb professional image for you, the professional pharmacist, and the pharmacy.

During the past year the members of your Public Relations Committee were asked to make numerous telephone calls in a sincere effort to arouse interest in this Association's various activities and important events. The committee members made these telephone calls at their own expense and on their time off. Just two thoughts motivated their efforts. First to make our Association stronger, and secondly to make pharmacy a finer profession. Your Public Relations Committee has always been most happy to cooperate with and assist any other committee of the Association which was presenting a special program during the year.

An outstanding illustration of this cooperation was the help your Public Relations Committee contributed during Poison Prevention Week. The basic thought for this activity was, "In Union There Is Strength." Your Public Relations Committee spent much time organizing a group of health organizations to participate in Poison Prevention Week. As a result we had the Maryland Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association, the Baltimore Safety Council, the Baltimore City Health Department, and the Maryland Academy of Pediatrics donate their time. Their ideas and their advice helped us to conduct one of the most successful Poison Prevention Weeks since the inception of this public safety activity. Our good friends, the wholesalers, were most cooperative in distributing to our pharmacies a safety flyer which told your customers about the hazards of the careless handling of aspirin.

In addition to this, there was important newspaper publicity which told your customers that you were sincerely interested in their health and welfare. Special radio and television programs during Poison Prevention Week continuously told the public that you were their friend in the corner pharmacy, who was always ready to aid them whenever they needed help. In a hard hitting effort to bring the intimate personal touch to Poison Prevention Week, members of your Public Relations Committee made personal appearances and talks before various groups. The title of their talk was "The Problem of Accidental Poisoning In The Home". The men who made these talks were Jerome Fine, Bernard Lachman, Stephen Provenza, Nathan Gruz and your Chairman.

Sunday after Sunday during the past year at 10:30 P.M. our Association had the benefit of a fifteen minute radio broadcast over radio station W.C.A.O. in Baltimore. While the broadcast emanates in Baltimore, it is intended for the entire state of Maryland. The program is identified by the theme "Hi Neighbor" and, as usual, is dedicated to you, the public's "Best Neighbor." On these programs we try to discuss and explain every phase, every facet and every problem of pharmacy. It has always been the thinking of your Public Relations Committee that the more groups and organizations we could favor and recognize with radio publicity during the year, the wider and more appreciative would be the public recognition of the pharmacist. We felt this friendly gesture on our part would pay you the pharmacist valuable dividends. Our basic thinking was primarily that all of these groups have many followers and friends who would be most interested in patronizing the people that helped them in their hour of need. We will all agree that the most valuable form of publicity is the word of mouth variety. We felt that by recognizing these various groups and organizations, a chain reaction of favorable publicity will be developed for you, the pharmacist. I should like to explain to you how this form of cooperative publicity works, with a few examples.

All of you are fully aware that our senior citizens are keenly interested in the Medical Assistance for the Aged program. On one of our programs we had Dr. J. Wilfrid Davis, Assistant Commissioner of Health for Medical Care, and Mr. Gordon Mouat discuss this program in great detail. They explained the M.A.A. program in great detail. They explained who was eligible for M.A.A. They illustrated what benefits were offered under the M.A.A. program. They gave a clear cut picture of the important part you the pharmacist play in this activity.

Have any of you ever seen a small child suffering with tetanus, commonly known as lockjaw? If you have, you would have been deeply impressed with our program on "Tetanus Prophylaxis." On this program we presented Dr. Robert E. Martin, Chairman of the subcommittee on tetanus immunization of the Medical and Chirurgical Faculty of the State of Maryland. Dr. Martin gave a brilliant dissertation on the disease tetanus, how to avoid it, how to treat it, and the drugs used to control it. Dr. Martin also told the radio audience of the drugs and serums used in the treatment of tetanus and that all of these could be obtained in your modern prescription departments.

One of the most interesting, human interest programs was one we did on alcoholism. On this program we presented Mr. Wilson Gibbs, Executive Director of the Baltimore Area Council on Alcoholism, Incorporated. Mr. Gibbs explained in great detail the magnificent work being done by his group to cure and control the alcoholic by education. He also informed our customers they could obtain the medicines needed in this rehabilitation program from you the pharmacist.

One of our finest radio programs during the year was one which explained a mystery disease. We call this disease a mystery because we do not know what causes it, nor do we have a cure for it. The disease is known as Multiple Sclerosis. Our guest on this program was Mr. Michael V. Lardner, Public Relations Chairman of the Maryland Chapter of the National Multiple Sclerosis Society. Mr. Lardner explained in great detail the amount of research being done on Multiple Sclerosis. The methods of treatment used in helping those suffering with Multiple Sclerosis. He outlined the part his organization plays in trying to control Multiple Sclerosis. He also told our listeners that all of the medicines used by the Multiple Sclerosis victim could be obtained in any of our pharmacies.

A magnificent salute to pharmacy and you the pharmacist was presented on our radio program during Pharmacy Week. This program was developed with the sole purpose of informing your customers of the tremendous interest the pharmacist always has in their safety and welfare. It told in great detail the educational background of the pharmacist, the work and expense involved in opening a pharmacy, the laws and regulations surrounding the practice of pharmacy. All of these factors combined give the public a magnificent picture of you, their best neighbor.

Another strong link in sincere public relations was welded during Diabetes Detection Week. During this week your Public Relations Committee was most cooperative and generous with Dr. A. A. Silver, the Chairman of Diabetes Detection Week activities. During this week we donated our radio and television time in a sincere effort to make this life saving project a tremendous success. We prepared timely, interesting and instructive material to advise our many viewers and listeners that the pharmacist was always their best neighbor when medication for the treatment of diabetes was needed. We presented a dynamic program during Diabetes Detection Week featuring Dr. A. A. Silver and Stephen Provenza who gave a graphic description of the importance of diabetes detection to the diabetic.

Time and space do not permit me to describe each and every radio program presented on Station W.C.A.O. during the past year, because there were 52 of them, but I can tell you this, that as long as I am your Chairman, these programs will always say that the pharmacist is, has been, and always will be the public's "Best Neighbor."

For their cooperation and advice and assistance, I would like to thank Mr. Bryon Millenson, Manager of Station W.C.A.O., and Mr. Charles Purcell, Public Service Director of Station W.C.A.O.

During the past year, your Speakers Bureau continued to function under the experienced and aggressive leadership of its Chairman, Victor H. Morgenroth, Jr. This Bureau offers the members of our Association a splendid opportunity to go forth and spread the gospel of pharmacy to the public. The publicity potential of this Bureau is unlimited but, up to the present time, we have barely scratched the surface. In the past year the following men spoke be-

fore various groups, societies and organizations in an effort to get the pharmacist additional favorable recognition: Victor H. Morgenroth, Jr., Stephen Provenza, Jerome Fine, Aaron Libowitz, Nathan Gruz, Bernard Lachman and your Chairman.

We spoke through Baltimore, in Arbutus, in Belair and in Havre de Grace. We gave generously of our time and talent so that the people would recognize you as their best neighbor, and with the thought that it is better to light one candle than to curse the darkness.

Our work during the past year was not that of any one individual but rather the culmination of a cooperative effort of many, many wonderful people. It has had its problems and difficulties but the magnificent spirit exhibited by this committee made the heavy burden seem light. The brilliant results obtained in our work were due to the untiring efforts of everyone who gave unstintingly of their time and ability whenever they were called upon to help. For his assistance and help a word of praise is due my Co-Chairman, Bernard Lachman. For his ideas and encouragement I want to particularly commend our Secretary Nathan Gruz. For their kindness and cooperation, I sincerely thank Mrs. Lillian Boyd and Mrs. Geraldine Boan.

Your Public Relations Committee can tell the people all of the many good things about pharmacy, not boastfully but proudly. Because pharmacy is a profession of which the whole world can justly be proud. The people do not know unless we tell them. We can tell them by our actions in serving them each day in our stores. We can tell them as we talk to them. There is no need to glorify pharmacy. The honest story is enough, but we must do the telling. For if we do not, who will?

REPORT OF PUBLICATIONS COMMITTEE

B. F. Allen, Chairman

Delivered by Alexander J. Ogrinz, Jr.

The first number of the Maryland Pharmacist was published in October, 1925 as the official organ of the Maryland Pharmaceutical Association. The purpose of this monthly journal is to improve contact among members of the Association and provide a ready and dependable medium of expression for the pharmaceutical profession as a whole. The publication has now adequately served for 40 years not only the professional but also the commercial aspects of pharmacy.

In a large manner this publication should be considered as belonging to the practicing pharmacists and should be so utilized by them as to make it a real force in their work.

The Chairman of the Committee has been pursuing a very active writing program in this journal since 1958. During this period over sixty-seven articles devoted to the art and science of pharmacy and cosmetics, as well as several non-technical topics were prepared

for publication. In contrast to the usual information, many of the so-called scientific articles were intended to fill the pharmacist in on chemical materials that were not very familiar to most health professionals.

One of the best measures of the quality of our pharmaceutical literature is the request for reprints of the publications. Since 1958 such requests have been received from the States of Alabama, California, Illinois, Indiana, Michigan, Missouri, New Jersey, New York, Oregon, Texas, and Washington, as well as from Czechoslovakia, England, France, Germany, Hungary, India, Italy, Japan, Netherlands, Poland, Spain and Turkey.

During the past year, the journal has been conducted on as high a plane as possible. Care has been taken to report happenings of any interest to the membership of the State Association.

Also during this time one committee meeting was held in October at the Kelly Memorial Building with only two members in attendance. At this meeting Mr. Gruz revealed that the advertising rates were raised twice in recent years and another increase is now necessary. He also stated that the journalistic contributions to the publication continue to be a problem. Several improvements in the journal were also suggested. However, when drastic changes are involved, this usually means the creation of new jobs and increased costs.

Although the committee met only once during the year, the Chairman maintained close contact with the editor and was consulted on numerous occasions.

The Chairman reviewed a great number of State Pharmacy Journals during the year and it is not too much to say that our publication ranks with the best in this classification.

The Publications Committee during the past year consisted of B. F. Allen, Chairman; Paul Reznick, Co-Chairman; B. Olive Cole; Samuel Morris; Aaron Kadish; Dennis B. Smith; and Herman Kling.

REPORT OF PHARMACY COMMITTEE

Morton J. Schnaper, Chairman

James P. Cragg, Jr., Co-Chairman

Delivered by Alexander J. Ogrinz, Jr.

The committee considered the matter of hospital out-patient practices. Discussions were held with hospital pharmacists to increase understanding of mutual problems. Representatives of the Maryland Association of Hospital Pharmacists met with the committee. The issue of hospital pharmacy practices which might put community pharmacies at a professional disadvantage were reviewed. The matter of authorization on hospital prescriptions for the dispensing of generic drugs was also discussed.

It is hoped that further meetings on these issues can be held in order to eliminate practices which are not in the best interest of the entire profession of pharmacy.

REPORT OF CIVIL DEFENSE AND DISASTER SURVIVAL COMMITTEE**Robert S. Sinker, Chairman**

The Civil Defense Committee for year 1964 was generally not active. There were reports by the Baltimore Metropolitan Pharmaceutical Association that the Baltimore Fire Department was active in Civil Defense. It is recommended that a central committee, like the Maryland Pharmaceutical Committee, on a state wide basis, be a coordinating group, with local groups and governmental agencies, with the purpose of grouping all the activities.

REPORT OF THE AUDITING COMMITTEE**Charles E. Spigelmire, Chairman**

The Auditing Committee met at the Kelly Memorial Building on June 24, 1965 to examine the books of the Maryland Pharmaceutical Association, consisting of the Association General Fund Account, The Maryland Pharmacist Account, The Pension Fund Account, The John F. Wannenwetsch Scholarship Fund Account and the Kelly Memorial Fund Account.

Those present were Secretary Nathan Gruz, Treasurer Morris Lindenbaum and your Chairman.

The audit prepared by Arthur Young & Company, Certified Public Accountants, was reviewed and discussed. All Association accounts were found to be in order according to the audit.

The contents of the Association safe deposit box in the Mercantile Safe Deposit and Trust Company were checked previously by Mr. Leonard Rohme, representing the firm of Arthur Young & Company, Secretary Nathan Gruz, and your Chairman. We found all the bonds and securities to be present as claimed in our auditor's report.

REPORT OF ROBERT L. SWAIN SEMINAR COMMITTEE**Irving I. Cohen, Chairman**

The 5th Robert L. Swain Pharmacy Seminar, co-sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy, was held in the University of Maryland Health Sciences Library Auditorium. The usual format of a morning session and afternoon session was followed. As in the past, it featured a top level scientific as well as educational program.

The featured speakers at the morning session were Dr. Arthur L. Haskins, Professor and Head of the Department of Obstetrics & Gynecology, University of Maryland School of Medicine, who spoke on "Chemical Control of Ovulation" and Dr. Louis Lassagna, John Hopkins University School of Medicine, whose topic was "The Implications of Pharmaceutical Formulation for Clinical Medicine."

The featured speakers at the afternoon session were Dr. Roger D. Reid, Biological Sciences Division, Office of Naval Research, on the subject of "Biology, the Science of the Future," followed by Dr.

Rudolph H. Blythe, Director Pharmaceutical Research, Smith Kline & French Laboratories, speaking on "The Development of a new Medicinal Product."

The attendance at both sessions numbered over 100 persons and while about the average attendance for past seminars, your chairman feels that somehow we are not reaching the people for whom this invaluable Seminar is dedicated—the practicing pharmacist. The Seminar, as in the past, has featured the finest speakers on pharmaceutical and scientific subjects available. The Seminar should be a must for all pharmacists.

Last year I recommended the creation of a Pharmaceutical Honor Society—Maryland Academy of Pharmacy. I strongly urge the Executive Committee to act on this matter at an early date. All meetings, regional, convention, the Simon Solomon Pharmacy Seminar and the Swain Pharmacy Seminar to be part of an eligibility system. Points to be awarded for attendance and the attainment of sufficient points determines eligibility for membership in this Honor Society.

The chairman at this time wishes to thank Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy, for his invaluable aid and assistance, as well as the other members of the Seminar Committee. Special thanks to Francis Balassone for coming up with an outstanding recommendation—Dr. Haskins of the Medical School. To our Secretary, Nathan, my friend, many thanks for his cooperation and invaluable assistance in getting outstanding Seminar speakers as well as financial assistance for the Seminar.

REPORT OF INSURANCE & PENSION COMMITTEE

Norman J. Levin, Chairman

During the past year the American Health & Insurance Corporation, which has the Association's health, accident and major medical insurance coverage, announced it would be necessary to increase the premiums. Experience had shown that the amount paid out for claims were exceeding premiums received.

Premiums henceforth would be set up for different age and dependency groups rather than the same for all age groups.

This increase was accepted by the Executive Committee and announcements sent to all our members.

Since then, the Insurance Committee has been meeting with representatives of the Association insurance plan, as well as other insurance companies, to investigate the best possible plans available to meet the needs of our membership.

If the committee's investigation warrants, new proposals will be presented for group insurance in the future.

REPORT OF THE SIMON SOLOMON PHARMACY ECONOMICS SEMINAR COMMITTEE

Aaron M. Libowitz, Chairman

Delivered by Stephen J. Provenza

The Third Simon Solomon Pharmacy Economics Seminar was held Thursday, November 12, 1964 at the Warren House, Pikesville, Maryland. It was sponsored by the Maryland Pharmaceutical Association in cooperation with the Small Business Administration and the NARD.

The purpose of the seminar is to bring to all in pharmacy the knowledge and experience of experts in various phases of merchandising and business management. The objective: Survival in today's fiercely competitive situation by presenting ideas for profit that will be valuable to retailers in pharmacy.

The Committee met for ten months with many late meetings and with much correspondence to produce the 3rd Seminar. The committee and I, its Chairman, are proud to have produced such a fine program. The Economics Seminar was a fine example of the workshop approach to the economics of independent pharmacy.

Attendance reached 150 pharmacists in search of new vistas to strengthen the retail drug store, and the group heard an informed and well diversified team of pharmacy spokesmen deliver scores of practical and workable ideas.

Held each year to honor "one of Maryland's and the nation's pharmacy leaders while he is still alive," the Simon Solomon Economics Seminar has become known for its pertinence, utility, and complete disregard for puffery and programs that offer little to busy pharmacists who are giving up a day out of their lives in hopes of learning more about their businesses.

Stripped of waste words but geared for action, the Seminar was divided into two parts—a broader approach to retailing, advertising and drug store marketing trends in the morning, and financing, and specific departmental drug store case history success stories by pharmacists themselves in the afternoon.

The meeting is an annual tribute to Maryland Pharmacy sage, Simon Solomon. "SI" Solomon has served for 30 years as Fair Trade Chairman of his State Association and lists among his major achievements his activity in support of the enactment of Maryland's Fair Trade Legislation. He is also past president of the Baltimore Retail Druggists' Association as well as past vice president of the N.A.R.D.

With strong overtones of the survival of small business ringing clearly, the session was moderated by M. R. (Dutch) Hoffmaster, Manager of the Baltimore Small Business Administration Office. A second spokesman, Assistant Deputy Administrator of the SBA, Jerry D. Worthy, Washington, D.C., traced the druggist's loan capabilities during the afternoon program.

Helping the small and medium sized drug store to locate the successful survival formula, Dun and Bradstreet vice president Richard Sanzo warned the druggist against "wearing too many hats." The inference was that frequently too few of these hats actually fit.

Advertising and public relations for the association pharmacist was the topic of Jack L. Levin, partner in a local advertising agency. He cited cooperative attempts within the Baltimore market being made by druggists who have pooled their advertising funds for one large page effort. "Don't be afraid that one of your associates will benefit more from the advertising program than you will," Mr. Levin admonished.

N.A.R.D. Merchandising Director Don B. Reynolds traced a few trends that have recently manifested themselves—trends that indicate the druggist to be one of the brightest spots in the retail merchandising future of our economy. "The growing weakness of the giant-scrambled stores, the new consumer emphasis being placed on value and utility along with price, and the rising number of pharmaceutical manufacturers entering and expanding within the OTC field, are all reasons that the pharmacy will be where the action is for the next few years," Mr. Reynolds said. "Many manufacturers who have previously confined themselves to the prescription department are beginning to look for a greater return on investments in sales travel, advertising, and research," Mr. Reynolds added. "A direct OTC approach to the consumer in the categories of toiletries, proprietaries, and cosmetics will certainly manifest itself as real sales action for the pharmacist," he concluded.

Creative selling and sales training was the theme of the panel discussion in the afternoon. Four area druggists gave first hand accounts of how they have been successful in establishing healthy franchises in various categories of non-pharmaceuticals.

A visitor from Virginia, Carl E. Bain told how he had built first aid supplies to a very respectable share of total drug store volume. Mr. Bain is president of a buying and advertising group that represents the interests of nine druggists. Color slides helped dramatize the Bain report on first aid needs in his Richmond Pharmacy.

I. Earl Kerpelman, Salisbury, Maryland druggist, gave valuable insight to a somewhat foreign field to many in the room, Surgical Supports. "Get special training for the fitting of these supports," Mr. Kerpelman warned, "and then build a department that will help everybody, doctors included, realize you are in the surgical support business for keeps." Photos and financial figures indicated that the Salisbury pharmacist had built this department to an enviable and profitable position.

An appeal for the druggist to back private label vitamins was advanced by Marvin Freedenberg, Hyattsville, Maryland, Pharmacist. Pharmacists can sell vitamins. Mr. Freedenberg showed how the independent pharmacy owner could increase their share of the vitamin market.

The fourth panelist was Mr. Victor H. Morgenroth, Jr., Past President of the Maryland Pharmaceutical Association, who showed how to "merchandise your Prescription Department" by manifesting a professional attitude. How to use prescription containers to create a professional attitude and the importance of service in competing with discounters.

We hope that the Seminar assisted you in making your store operation more effective in the constantly changing and highly competitive business world.

The stimulating exchange of thoughts and ideas, experiences and viewpoints is what makes this Seminar so worth the time and trouble to attend.

I wish to thank my Co-Chairman, Joseph H. Morton, and the members of my committee, Messrs. Donald O. Fedder, John A. Crozier, L. Scott Grauel, Joseph L. Muth, Martin Rochlin, James C. Davis, Maurice Wiener, Dominic Vicino, Mt. Rainier, Nicholas C. Lykos, Timonium, Anthony J. Petralia, Silver Spring, Gerald Y. Dechter, Silver Spring, I. Earl Kerpelman, Salisbury, Thomas J. Hayman, Salisbury, Harold P. Levin, Phillip P. Weiner, Robert F. Tomsko, LaVale, and especially, Nathan I. Gruz, our Executive Secretary of the Maryland Pharmaceutical Association and Joseph Cohen, N.A.R.D.'s Associate Washington Representative and Director of Professional Services for their patience, assistance and cooperation.

Thank you for being so kind to me.

REPORT OF GRIEVANCE COMMITTEE

Frank Block, Chairman

The Grievance Committee has been charged with developing procedures for considering practices which may constitute unprofessional or unethical conduct by pharmacists.

Conferences have been held to obtain necessary information in setting up grievance procedure. Legal counsel has been involved in this program to secure information and set up machinery which is both legally and professionally sound.

The completion of grievance procedure, we believe, will advance the interest of the profession and enable pharmacy to eliminate undesirable practices without the necessity for action by regulatory and prosecuting authorities.

REPORT OF THE SCHOOL OF PHARMACY**By Noel E. Foss, Dean**

This report covers the fiscal year of the University of Maryland, namely, July 1, 1964 to June 30, 1965.

Enrollment

The enrollment at the beginning of the 1964-65 fiscal year was as follows:

Baltimore:

Third Year	39
Fourth Year	34
Fifth Year	25

Total Undergraduates	98
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Graduates	54
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(of whom 33 are pursuing the major part of their work in Departments of the School of Pharmacy)

Total Enrolled in Baltimore	152
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College Park:

First Year	56
Second Year	44

Total Enrolled in College Park	100
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The total number of war orphans enrolled the first semester in Baltimore was one.

The number of undergraduate girls enrolled in Baltimore was 10 and at College Park, 17.

The total number of students graduated in June 1965, was 25.

Of the 56 first year pre-professional students enrolled at College Park, 24 were from Baltimore City and Baltimore County, 1 from Anne Arundel County, 2 from Harford County, 11 from Prince George-Montgomery County, 2 from the Eastern Shore, 2 from Western Maryland, 1 from Southern Maryland, 6 from New Jersey, 2 from New York, 1 from Pennsylvania, 2 from the District of Columbia, 1 from Virginia and 1 from Iran.

Recruitment of Students

This year completed the ninth successful year of activity for the Careers in Pharmacy Committee of the Alumni Association under the able leadership of Mr. H. Nelson Warfield. The personal interest and cooperation of members of the Alumni Association as well as Faculty Members of the School of Pharmacy is deeply appreciated. Visits made throughout the year resulted in contacts with about 350 students from 22 high schools, namely, Walter Johnson High in Kensington, College Night for six high schools in Prince Georges County held at Northwestern High in Bladensburg, Loyola High in Towson, all schools in the Cumberland Area held at the

Cumberland Country Club, Lansdowne Senior High, Baltimore City College, Pocomoke City High, Duval Senior High in Glendale, Dundalk Senior High, Hampstead Hill Junior High, Suitland High, and Hancock Senior High.

The highlight of this year was the Pharmacy Careers Exhibit at the Careers Opportunities Exposition held at the Baltimore Civic Center and sponsored by the Junior Association of Commerce. The exhibit held from April 5th to 9th was subsidized by the Alumni Association and the Maryland Pharmaceutical Association, the latter group supplying the background unit, the Alumni the needed placards and the School of Pharmacy faculty and students to set up and attend the booth. Dr. Benjamin F. Allen, as chairman, assigned teams of three to man the booth at intervals from 9 a.m. to 10 p.m. daily. The exhibit featured "action" demonstration of tablet making and the preparation of aerosols and was extremely effective in attracting the attention and interest of students and visitors. Pharmacy career pamphlets and brochures were distributed. It is expected this exposition at the Civic Center will become an annual event, and we will again have an opportunity to participate. The experience gained in this year's participation should make for a better and even more effective presentation and we will welcome the support of the Alumni Association and the Maryland Pharmaceutical Association in this endeavor.

An improvement in the presentation of our Career Programs this year was the purchase of a special slide projector facilitating the showing of a series of color slides prepared to supplement the film, "Time for Tomorrow," and resulted in a distinct improvement of the presentation of our Career Programs this year.

Scholarships and Loans

The School of Pharmacy would again like to express its appreciation for the continued support of the donors of the respective scholarships, namely, Alumni Association of the School of Pharmacy, Noxzema Foundation, Read's Drug Stores Foundation, Inc., Prince Georges-Montgomery County Pharmaceutical Association, A. M. Lichtenstein Scholarship, American Foundation for Pharmaceutical Education, the William J. Lowry Memorial Scholarship and the Paulson-Krostar Scholarship.

The Alumni Association, the Maryland Pharmaceutical Association and Read's Drug Stores Foundation, Inc., continued to provide funds for scholarships for pre-professional pharmacy students at College Park and thus assist worthy students.

The University of Maryland continues to participate in the National Defense Education Loan Plan established by the Federal Government for worthy students in need of financial aid. Students in the School of Pharmacy shared in these loan funds.

Honors and Awards

The Annual University of Maryland Honors Convocation was held at College Park in November, 1964. Undergraduate students who had attained a grade point average of at least 3.5 during the

1964-65 academic year were accorded public recognition. Two School of Pharmacy students qualified for these honors.

One fourth year student was initiated into the University of Maryland Chapter of Phi Kappa Phi, the purpose of which is the recognition and encouragement of superior scholarship in all branches of learning.

Two fourth year students and one fifth year student were initiated into Rho Chi, the national honorary pharmaceutical society. The Omicron Chapter of Rho Chi Society held a convocation on April 20, 1965, at which time the current chapter officers and the members-elect were introduced. Dr. Jack Cooper, Director of Pharmacy Research and Development Division of Ciba Pharmaceutical Company, delivered the main address. The annual banquet of Omicron Chapter was held on April 27, 1965. Dr. Elmer Worthley, Chief of Natural Products Division, Experimental Medicine Division, Edgewood Arsenal, was the honored guest and gave a very interesting address.

The School of Pharmacy again received recognition from a national essay competition, known as the Lunsford Richardson Pharmacy Awards Program, the object of which is to encourage scientific and professional thinking on the part of students, both graduate and undergraduate, in the interest of furthering pharmacy as a cardinal member of the American Health Team. Miss Lillian Darago, a Ph.D. candidate in our Department of Anatomy and Physiology won second prize for the Southern Region and was presented with a certificate, a symbolic mortar and pestle, and a cash award.

School of Pharmacy Convocations

The first Fall Convocation of the School of Pharmacy was held on October 6th in the Health Sciences Library Auditorium, with Dr. Norman J. Doorenbos, advisor to the Fourth Year Class as chairman.

The program included presentation of academic and extra-curricular awards for 1963-64, announcing the scholarship recipients for 1964-65, giving recognition to the sponsors of scholarships and installation of the officers of the Student Government Association, officers of the Classes of 1965 and 1966, and officers of the Student Chapter of The American Pharmaceutical Association and Maryland Pharmaceutical Association. Dr. Charles Manning, Dean of the College of Arts and Sciences of the University of Maryland, was the principal speaker.

The Annual Spring Convocation was held in the auditorium of the Health Sciences Library on June 1st. Dean Noel E. Foss presided and Dr. Nicolas Zenker, advisor to the graduating class, presented awards to the members of this class. The new president of the Student Government Alliance was installed, and the main address was delivered by Dr. George B. Griffenhagen, Director, Division of Communications, American Pharmaceutical Association.

Faculty

Appointments:

Dr. Walter W. Fredricks, Ph.D., Johns Hopkins University, joined the Department of Anatomy and Physiology as Assistant Professor, effective September 1, 1964.

Dr. George N. Krywolap, Ph.D., Pennsylvania State University, joined the Department of Microbiology, Schools of Pharmacy and Dentistry, as Assistant Professor, effective September 1, 1964.

Dr. Kenneth L. Euler, Ph.D., University of Washington, joined the Department of Pharmacognosy as Assistant Professor, effective April 1, 1965.

Resignations:

Dr. Norman J. Doorenbos, Professor of Pharmaceutical Chemistry, resigned effective June 30, 1965, to accept a position at the University of Mississippi, School of Pharmacy, University, Mississippi.

Dr. Walter Fredricks, Assistant Professor of Anatomy and Physiology, resigned effective June 30, 1965, to accept a position at Marquette University, School of Medicine, Department of Chemistry, Milwaukee, Wisconsin.

Retirement:

Mrs. Ida M. Robinson, Librarian at the Health Sciences Library on the Baltimore Campus, retired at the end of 1964. Miss Hilda E. Moore was appointed to succeed Mrs. Robinson.

Sabbatical:

Mr. Dean E. Leavitt was on sabbatical leave from the School of Pharmacy during the first semester of 1964-65, and attended Purdue University to complete requirements for the Ph.D. degree with a major in pharmacy administration. Mr. Leavitt also is attending Purdue this summer to complete his residence requirements for the degree.

We were pleased to have the services of Mr. Landon W. Burbage to teach the courses in pharmacy administration while Mr. Leavitt was on sabbatical during the first semester.

Death:

It is with sadness that we record the passing of our Professor of Hospital Pharmacy, Dr. W. Arthur Purdum, on March 14, 1965. Dr. Purdum received his Ph.D. from the University of Maryland in 1930 and in 1947 was appointed to the position he held at the time of his death.

Others:

We were again pleased to have the services of Mr. Joseph S. Kaufman who offered an expanded course in Pharmaceutical Jurisprudence during the first and second semesters of 1964-65.

Working in various departments in the School of Pharmacy during 1964-65 were post-doctoral fellows from the Philippines,

India and Lebanon, as well as pre-doctoral fellows on grants supported by the Public Health Service, American Foundation for Pharmaceutical Education, Dunning Fellowship, Noxzema Fellowship, The Edwin D. and Arthur J. Stalfort Memorial Grant, and National Science Foundation.

Graduate Program

During the year, four students completed the requirements for the Master of Science degree and five for the Doctor of Philosophy degree. The graduate program in pharmaceutical chemistry, in pharmacy, and in anatomy and physiology has continued to receive substantial aid from sources outside of the University.

Faculty Activities

Dean Noel E. Foss, Dr. Norman J. Doorenbos, Dr. C. T. Ichniowski, Dr. Ralph F. Shangraw and Dr. Nicolas Zenker attended meetings of the American Pharmaceutical Association and American Association of Colleges of Pharmacy in New York City in August 1964.

Dr. Leslie C. Costello attended meetings of the International Congress of Biochemistry in Reference to Endocrine Effects on Metabolism, held in New York City in August 1964.

Dr. Leslie C. Costello attended meetings of the American Physiological Society in Providence, R.I. in September 1964.

Dr. Francis M. Miller attended the meeting of the American Chemical Society in Chicago in September 1964.

Dr. Leslie C. Costello attended and participated in meetings of the First International Congress of Parasitology held in Rome, Italy in September 1964.

Dr. Peter P. Lamy attended the "Specialized Institute on Hospital Pharmacy" conducted by the American Hospital Association in Chicago in October 1964.

Dean Noel E. Foss and Dr. Francis M. Miller attended a meeting of representatives of member schools of the American Association of Colleges of Pharmacy conducted by the U.S. Public Health Service at Bethesda, Maryland in October 1964.

Dean Noel E. Foss and Dr. Benjamin F. Allen attended the meeting of District #2, Boards and Colleges of Pharmacy in Saratoga Springs, N.Y. in October 1964.

Dr. Ralph Shangraw and Dr. Peter Lamy attended the Industrial Section Meeting of the American Pharmaceutical Association in Philadelphia in November 1964.

Dr. Peter Lamy attended a Hospital Pharmacy Seminar sponsored by Temple University in November 1964.

Dr. Francis M. Miller attended a meeting of the Regional Committee on Pharmaceutical Sciences of the Southern Regional Education Board held at Atlanta, Georgia in November 1964.

Dean Foss attended the 1964 Remington Medal Dinner in honor of Dr. Robert A. Hardt held in New York in December 1964.

Dean Foss and Dr. Donald E. Shay attended the American Association of Colleges of Pharmacy Seminar on Public Health

in the Curricula of Colleges of Pharmacy in Washington, D.C. in March 1965.

Dr. Leslie C. Costello, Dr. Walter W. Fredricks and Dr. James Leslie attended the meeting of the Federation of American Societies for Experimental Biology at Atlantic City, N.J. in April 1965.

Dean Foss, Dr. Norman J. Doorenbos and Dr. Ralph Shangraw attended the annual conventions of the American Pharmaceutical Association and the American Association of Colleges of Pharmacy in Detroit, Michigan in March-April 1965. Dean Foss represented the University of Maryland at the dedication of New Shapiro Hall at Wayne State University in Detroit.

Dr. Donald E. Shay and Dr. George N. Krywolap attended the meeting of the American Society for Microbiology at Atlantic City, N.J. in April 1965.

Dr. Kenneth L. Euler attended the annual convention of the American Society for Pharmacognosy held at Kingston, R.I. in June 1965.

Dr. Nicolas Zenker attended the American Association of Colleges of Pharmacy Teachers' Seminar on Pharmaceutical Chemistry in Toronto, Ontario, Canada in June 1965.

A.A.C.P. Visiting Scientists Program

In conjunction with the Visiting Scientists' Program of the American Association of Colleges of Pharmacy, the School of Pharmacy received the following scientists:

- 1) Dr. Arthur E. Schwarting, Professor of Pharmacognosy of the University of Connecticut,
- 2) Dr. William F. Bousquet, Associate Professor of Pharmacology, Purdue University

Dr. Norman Doorenbos, our Professor of Pharmaceutical Chemistry, participated as a Visiting Scientist and presented programs at several universities.

Student Activities

Members of the fourth and fifth years and graduate students who could make the trip, were guests of Eli Lilly and Company in Indianapolis between semesters.

The Faculty and the Alumni Association sponsored a tea for the third year students, their wives and/or husbands and parents which was held at the Baltimore Union Building on October 11th.

The annual picnic at Herring Run Park was held on May 5, 1965 and was very well attended.

Arrangements were made for our students to again visit the Henry B. Gilpin Company in Baltimore.

Student Chapter, American Pharmaceutical Association - Maryland Pharmaceutical Association

It is my pleasure now to report on a highly encouraging series of events. Under the leadership of Mr. William Edmondson, President, fourth year student, the Student Chapter of the American

Pharmaceutical Association and Maryland Pharmaceutical Association has undertaken a continuing publicity campaign to bring pharmacy greater attention at the College Park campus. Feeling that there may be many students that never have investigated the benefits of pharmacy as a career, these students freely gave their time to do something about this. Although the program started late, they obtained the cooperation of the College Park Library, and had three very successful displays, one for Poison Prevention Week (and I believe that Mr. Gruz termed the display very original and effective), one on Aerosols, and one depicting Pharmacy as a Career.

The Student Chapter has also arranged to visit College Park at regular intervals to talk to any students that might be interested in entering pharmacy. We are delighted that the Student Chapter has taken an active interest in the future of pharmacy.

The Alumni - School of Pharmacy Joint Activities For Students

At the suggestion of the student body, the Alumni Association sponsored a barn dance instead of the usual Fall Frolic. This affair, held at the Randallstown Community Hall in October, was well attended and the students have indicated a desire for this type of a dance in the future.

The Alumni Association also sponsored a dance in February 1965 at the Emerald Gardens. All students and faculty were invited as guests of the Alumni Association.

The Annual Banquet and Dance of the Alumni Association was held at the Emerald Gardens on June 3rd, honoring the 1965 graduating class.

Student Government Alliance

The Administration and Faculty of the School of Pharmacy appreciate the cooperation and leadership of Mr. Michael Walsh, and other officers for 1964-65. As president of this organization, Mr. Walsh initiated the revision and updating of the constitution, to be approved during 1965-66.

Robert L. Swain Seminar

The School of Pharmacy was pleased to be able to participate in the Fourth Robert Lee Swain Seminar held in March 1965, and which has been or will be described to you by the chairman of the committee.

Simon Solomon Pharmacy Economics Seminar

Pursuant to an invitation from the Maryland Pharmaceutical Association, the fifth year class attended the Simon Solomon Pharmacy Economics Seminar on November 12, 1964. The program for the Seminar emphasized the commercial and economic aspects of pharmacy.

Conclusion

The School of Pharmacy, as well as I personally, wish to express our deepest thanks and appreciation for the excellent cooperation we have received this past year from Mr. Irving Cohen and the

other members of the Committee on the School of Pharmacy; the officers of the MPA and BMPA, and especially the Executive Secretary, Mr. Nathan I. Gruz; the officers of the Alumni Association for 1964-65 and especially the President, Dr. Robert J. Kokoski, and the Secretary, Dr. Frank J. Slama; and the Maryland Board of Pharmacy, and particularly its Secretary, Mr. Francis S. Balassone. Without the cooperation and assistance of all of you, it would have been most difficult for the School of Pharmacy, as well as me personally, to have carried out our responsibilities and duties.

Dean Foss added the following announcement:

"The late Miss Bertha Joseph, in her will provided the sum of \$115,000 to the University of Maryland School of Pharmacy, the interest of which will be used for scholarships in honor of her late brother, Gilbert Joseph, an alumnus of our school. This is the largest single scholarship donation received by the University in the last ten years, and should earn about \$3,500 a year."

During the session President Weiner called upon Grover C. Bowles, President, American Pharmaceutical Association, who brought the greetings of the A.Ph.A. and thanked the members for their efforts in behalf of the profession.

Others recognized were Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy, George W. Thompson, Chief of Consumer Protection, Smith, Kline & French Laboratories, and Richard Weir of the same firm.

Following announcements, the First Session was adjourned at 4:30 P.M.

SECOND SESSION

Tuesday, June 29

Preceding the Second Session breakfast meeting of the officers and executive committees of MPA and the local associations held at 8:00 A.M., Morris E. Blatman, Executive Secretary, Philadelphia Association of Retail Druggists, spoke on "Prescription Plan of the Carpenters Health and Welfare Plan of Philadelphia."

The Second Session was called to order at 10:15 A.M. by President Weiner. Milton Zentz delivered the Invocation.

After a welcome from a representative of the Mayor of Atlantic City, Secretary Gruz read a telegram from William J. Apple, President of the Eastern Shore Pharmaceutical Society, expressing wishes for a successful convention.

The President of the National Association of Retail Druggists, Leonard J. Dueker, was introduced and extended greetings. Morris E. Blatman, Executive Secretary of the Philadelphia Association of Retail Druggists, was also recognized.

President Weiner turned the chair over to First Vice President Alexander J. Ogrinz, Jr., who then called upon Mr. Weiner for the Annual Presidential Address.

PRESIDENT'S ADDRESS

Solomon Weiner

As my term as president of the Maryland Pharmaceutical Association for 1964-65 draws to a close, I would like to review some of the highlights of the past year and to leave some recommendations for the coming year.

I am grateful for the honor bestowed upon me to serve as the president of the state professional pharmaceutical organization. It has given me a chance to meet with pharmacists from the Eastern Shore to the mountains of Western Maryland.

Attending meetings, along with our secretary, of the Allegany-Garrett County Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association, Eastern Shore Pharmaceutical Society, Prince Georges-Montgomery County Pharmaceutical Association, Tri-County Pharmaceutical Association and the Maryland Association of Hospital Pharmacists, has permitted me to see these groups at work and to exchange views with a cross-section of the members.

I think it is important to emphasize that it was the Maryland Pharmaceutical Association which was responsible for seeing that every area of the state has a local pharmaceutical organization, to which every pharmacist can belong. This organizational work was completed last year. We believe that in order to have pharmacy on a strong organizational foundation in Maryland, we must have strong, active local groups.

But, this foundation of strong local groups must be linked by reciprocal membership agreements with the state association—the Maryland Pharmaceutical Association—if we are to have an effective state-wide organization. We must arrive as soon as possible at a situation where every pharmacist is carrying his full share of support for pharmacy. Every pharmacist must be a member of both his local and state pharmaceutical organization. At present only the Eastern Shore Pharmaceutical Society requires membership in the M.P.A.

This year an amendment to our Constitution was adopted which established machinery to permit any of the groups within Maryland to enter into agreements with the M.P.A. for reciprocal membership.

We must set aside organizational rivalries or jealousies and imaginary threats in order to go ahead with the job of furthering our programs through fully supported pharmaceutical organizations on state and local levels.

During the past year, your officers, executive committee, legal counsel and secretary devoted themselves wholeheartedly to many distressing problems and situations. Much of their time was given over to legislative and medical care matters.

You will hear detailed reports at this Convention about these problems, but I wish to say that Jerome Mask and the Legislative Steering Committee worked long and hard to develop a legislative program. Because of many differences of opinion, both within and outside our ranks, our proposals to better pharmacy in the interest of public health failed. It is essential that all differences of opinion be ironed out within pharmacy when state-wide matters, such as legislation, are presented to public agencies or the public. Unfortunately there are some individuals in our ranks that take it upon themselves to disrupt a united approach. These destructive practices only help to defeat programs to advance pharmacy and are one reason why we are unable to make the progress we all want in meeting pharmacy's problems in Maryland.

On the other hand, we were successful on a number of issues in the legislature.

The outstanding accomplishment, I believe, was the success of our efforts after seven years in obtaining additional funds for an increase in pharmacists' fees in the Medical Care program.

This was the result, of course, of the teamwork of many officers and members of the M.P.A. and local associations, along with our legal counsel and friends in the legislature, Health Department and other health professions. Walter Albrecht, Frank Balassone, Gordon Mouat, Victor Morgenroth, Morris Yaffe, Donald Fedder and Jerome Mask have aided greatly in our successful efforts.

Coordinating all these efforts and devoting all his possible energy and time to putting across the case of pharmacy to the Health Department, the Medical Society, the legislature and the Governor, was our Executive Secretary, Nathan Gruz. This campaign was a demonstration of the necessity for having an effective state association and the need for every pharmacist to support his state society.

The results will benefit the pharmacists of the state and permit them to more effectively serve the state's medical care program and the patients on the program.

We are already at work on medical care to present our case for the coming year.

The Association, of course, has been concerned with all problems affecting pharmacy. Some of these are: manufacturers' distribution policies, hospital pharmacy practices, public and professional relations.

Our professional relations programs under Stephen Provenza and our public relations programs under Charles Spigelmire and Bernard Lachman have added greatly to presenting a picture of our members, devotion to public health.

We have begun to work on the important matter of prescription prepayment plans for Maryland. During the coming years we must be alert to bring to the pharmacists of the state every possible development which will assist them in taking care of the pharmaceutical needs of their communities.

We must continue our efforts to improve our pharmacy laws so that any unprofessional practices detrimental to public health will

be stopped. We must renew our efforts to obtain authority for the Board of Pharmacy to regulate the practice of pharmacy through necessary rules and regulations.

We must continue our work to see that pharmacists receive proper fees for medical care prescriptions.

These are just a few of the many problems we are working on. Progress has been made. With your continued support and I hope with the added support during the coming year of many more pharmacists joining their state professional organization I am sure we can make further progress.

I appreciate the privilege of representing you during the past year and wish to thank the officers and members for their confidence and support. I pledge to continue my efforts on behalf of the Maryland Pharmaceutical Association and the profession of pharmacy in the years to come.

Upon passage of an unanimous vote, the Presidential Address was accepted and Mr. Ogrinz returned the chair to Mr. Weiner.

REPORT OF EXECUTIVE SECRETARY

Nathan I. Gruz

This past year has been a year of vigorous, full activity for the Maryland Pharmaceutical Association—a year which has been a mixture of frustrations and progress. It was sad for us to note the loss of two outstanding leaders in pharmacy. Lloyd D. Richardson and Frank Black were past presidents who gave generously of themselves to pharmacy and left standards which are worthy of emulation. They were the kind of men that are hard to replace in any profession.

On the happy side, men from our ranks received high national recognition: Frank Balassone, Chief of the Division of Drug Control and Secretary of the Maryland Board of Pharmacy, was elected president of the National Association of the Board of Pharmacy. This month he was awarded the Honored Alumnus Award of the Alumni Association, University of Maryland School of Pharmacy. I was delighted to witness Frank receive both of these high honors. Also, for the record, it is gratifying to note that Dr. George Hager, an alumnus and former Professor of Pharmaceutical Chemistry, was elected President of the American Association of Colleges of Pharmacy.

Dean Noel E. Foss was elected to the Executive Committee of the American Association of Colleges of Pharmacy, and Alvin N. Geser was elected president of the National Council of State Pharmaceutical Association Executives.

I wish to thank them for the assistance and cooperation they have extended to me.

My deep appreciation goes to all the officers, executive committee members, committee chairmen and members who have so generously given their time and efforts to the Association. Many have

responded to my requests and I thank the great number of members collectively for fear of omitting anyone.

My responsibilities have taken me to countless meetings of the various groups in the pharmaceutical complex in Maryland. The Baltimore Metropolitan Pharmaceutical Association maintains an active program and, as its secretary, requires considerable attention. I have attended the conventions of the A.Ph.A., N.A.R.D. and the meetings of the National Council of State Pharmaceutical Association Executives. I have been appointed the latter's Chairman of its Resolutions Committee and member of its Legislative Committee.

It has been a year which has reflected the weaknesses of our profession, but at the same time it has indicated the great potential which lies dormant, awaiting the time when pharmacists will lay aside minor matters, petty differences and personality conflicts. What an enormous waste of human resources which should be directed to the really vital issues-issues which will dominate pharmacy in the future.

First, I would like to review the highlights of a busy year and then present some comments and recommendations.

Dominating the year's activities were the legislative and medical care programs. An extensive legislative program, long overdue, seeking to advance pharmacy professionally and to meet urgent problems was developed and introduced into the state legislature. The proposed legislation was aimed to define what the practice of pharmacy is, to differentiate a pharmacy from any other kind of establishment and to enable the Board of Pharmacy to issue regulations regulating the practice of pharmacy.

These objectives so essential for the professional progress of pharmacy and for the enhancement of opportunity for the free practice of the profession of pharmacy were unfortunately opposed from within our ranks.

Aside from any new legislative proposals which may be presented at the next legislative session, it is imperative that existing legislation which is being violated be vigorously enforced.

All violators—whether large or small—must be prosecuted after due warning. The glaring examples of violations of the pharmacy law concerning advertising with reference to prescription pricing and professional superiority must be brought to a end if contempt for law enforcement agencies and for the law is to be halted.

On the positive side of the legislative ledger we were able to obtain beneficial exemptions for pharmacies in the new minimum wage law and favorable action on other bills as reported in the report of the Legislative Committee.

In the area of medical care, the many years of work by the Association finally bore fruit. The State Department of Health again recommended increases in pharmacy fees. As a result, the Budget Bureau and Governor approved the first increase in fees since 1957 and the necessary additional funds of \$194,000. were appropriated by the legislature.

We did not obtain all we strove for and have already begun our work for the 1966-67 year. Consideration is being given to the sponsorship of a survey to obtain additional facts to support recommendations on pharmacy services.

Just these two matters of such vital concern to the pharmacists of Maryland necessitated an enormous allocation of time and effort by the Association staff and legal counsel, as well as by the officers, committee members and many others.

One of the valuable by-products of these campaigns was the development of closer relations with the state medical society. This, of course, also involved the important issue of medical care for the aged. Many meetings and conferences were held with staff officials, congressmen, senators, and Governor Tawes. As a result, a legislative liaison committee has been established consisting of representatives of the health professions.

In the field of public relations, we have concluded a year of a cooperative program with the Maryland Division of the American Cancer Society to utilize community pharmacies as a source of authentic information. This was the first in the country and was augmented by television, radio and newspaper publicity.

The Robert Swain Model Pharmacy and B. Olive Cole Museum project, which has received a transfusion, appears to be moving ahead. Dr. Fitzgerald Dunning has accepted the Honorary Chairmanship of the Swain-Cole Fund with Simon Solomon as Co-Chairman. Irving I. Cohen and Dean Foss are Chairman and Co-Chairman of the committee with L. Scott Grauel as Contributions Committee Chairman. We hope all pharmacists and those allied with pharmacy will respond generously when called upon.

The John F. Wannenwetsch Scholarship Fund of the M.P.A. has been called upon to meet the demands for scholarship to the University of Maryland School of Pharmacy by an increasing number of applicants. This fund is important to maintain a flow of qualified students to the school, for many need our assistance which we grant solely on the basis of financial need to those academically qualified.

We also took part along with the Alumni Association of the University of Maryland School of Pharmacy in sponsoring an exhibit at the first Careers Opportunities Exposition at the Baltimore Civic Center. More than 50,000 high school students attended. The pharmacy exhibit featured displays and equipment on tablet-making and aerosols. The faculty and students as well as members of the Association should be commended for the time and effort devoted to encouraging young people to consider careers in pharmacy.

The Regional Meetings continue as opportunities for pharmacists to learn about major problems and participate in Association activities. The fall meeting was devoted to "Proposals for Reclassification of Drugs" and the Spring meeting featured "Physician-Pharmacist Relations."

The Association continues to provide many valuable services such as money-saving group insurance plans. All members should investigate the advantages of our Health and Accident, major medical and Blue Cross Plans. Many members are learning of the value of the Association's group life insurance plan called M.Ph.A. Life. The employment service is called upon almost daily by pharmacists—employer and employee alike.

This month the Association's Professional Credit Protective Bureau was launched. This service to assist in the collection of delinquent accounts has already been put into operation by some of our members.

The seminars, both professional and economic, warrant greater support by the pharmacists of the state. The Swain and Simon Solomon seminars enable pharmacists to continue their pharmaceutical education on a voluntary basis. It is hoped to implement in the coming year the recommendation to establish a Maryland Academy of Pharmacy. Membership would be based upon attendance at seminars, meetings and conventions.

The role of TAMPA—The Travelers Auxiliary of the Maryland Pharmaceutical Association — is being re-evaluated. Conferences have been held with TAMPA representatives to achieve a more effective plan for the group and greater recognition of its valuable contribution to pharmacy. Certainly all pharmacists should recognize the TAMPA emblem and accord proper consideration to TAMPA members as they make their rounds.

Prescription pre-payment plans have been recognized by the Association as a major development on the horizon of pharmaceutical practice. The inclusion of a representative of California Pharmaceutical Services on the convention program is indicative of our alertness to this problem. We intend to keep abreast of developments with the view of fostering the program best promised to meet the needs of the public and our profession in Maryland.

The urgent necessity to foster close relations between local pharmaceutical associations and the Maryland Pharmaceutical Association has resulted in the adoption of a constitutional amendment to enable reciprocal membership agreements between the state and local groups. So far only the Eastern Shore Pharmaceutical Society requires membership in the state association.

This year a joint voluntary billing of the M.P.A. and the Baltimore Metropolitan Pharmaceutical Association was used. There was some saving in effort, time and postage. So far the voluntary approach to joint dues has been only mildly successful.

It is obvious that a strong, unified profession of pharmacy requires full support of both the local and state societies. At present there are many unaffiliated pharmacists who feel justified to criticize and lament, but who have not assumed the responsibilities of a professional person to join and participate in their profession's campaigns to achieve progress. In addition, there are those who

half-heartedly give lip service by supporting either their local or state groups and not both. The only hope for pharmacists to influence the course of events affecting the practice of pharmacy is through effective pharmaceutical organizations. The support given by pharmacists in the past and at present is not adequate to establish associations which can perform all that pharmacists believe necessary. Sixty horsepower motors cannot provide the power for 400 horsepower requirements.

What are the tasks that require strong associations—associations that can only result from pharmacists providing adequate funds and competent and sufficient staffs?

Pharmacy, in order to remain a free, independent profession, must assume vigorous leadership roles in every program affecting drugs and pharmaceutical services.

Governmental and group medical care programs are only in their infancy in this country.

If we do not have the plans, the creative ideas, the programs and farsighted, courageous leadership, then others will step in from outside the profession to an even greater extent than in the past.

In order for pharmacy to succeed in guiding its own destiny, the motivating factor must be the public interest underlying all our proposals. The lay public and government officials are too alert to permit self-interest alone to prevail.

In the coming months and years, we must in our enlightened self-interest, take the steps to assume leadership roles in medical care, mental health, all third party payment plans, and all programs affecting the health needs of our citizens.

The Maryland Pharmaceutical Association has been working and will continue to work to see that all pharmaceutical services will be provided the public through the professional services of pharmacists with free choice of pharmacist to all in the interest of public health.

With the dedicated support of every pharmacist in the State, we can continue to fight for this objective and to advance steadily toward its realization.

This is a challenge - but also an opportunity.

Will all of you step up and meet it?

The Secretary's report was received with acclamation and unanimously accepted.

President Weiner called upon First Vice President Ogrinz to serve as moderator for the special program, *"Prescription Prepayment Program—California Pharmaceutical Services"*.

Alexander J. Ogrinz, Jr.

The Buck Rogers world, which was a fantasy 20 years ago, is a reality today. Satellites, missiles, space ships, planetary explorations, even strolls into space have become accepted in our everyday life

with hardly the raising of an eyebrow. The present day scientist feels, thinks and dreams that nothing borders on the impossible. In an era such as this, similar drastic changes are taking place in the various facets of our lives, whether we allude to education, religion, government, the health sciences or simple every day living.

As we narrow the field to our profession, that of pharmacy, we find that a comparable revolution has been taking place and our greatest concern must be that pharmaceutical leadership is at the helm to steer its destiny. There have been many probes into the adjusting of the economic forces that are presenting themselves as problems, but solutions have been evasive. Public health must be of prime importance. Pharmaceutical care must be given to all who need it. Governmental health programs with their tremendous popularity must be absorbed, and with all this the community pharmacist must himself be able to achieve economic stability.

The policy making body of your organization is alertly aware of these conditions and this morning's program has been arranged for your exploratory listening and ultimate decision. Because of the impact this decision will have on the future of Maryland pharmacy, and because pharmacists cannot make intelligent decisions affecting their future unless they are informed, this educational indoctrination was deemed necessary. The program to which I refer and one which may go a long way to solving a major portion of our economic ills is a prescription pre-payment plan. One of these plans which will be introduced today is the California prescription pre-payment plan. This plan is unique in that it has been cleared by the Justice Department, a problem that has plagued many attempts at this pre-payment concept.

Senator Hart of Michigan, in a speech prepared for delivery at the A.Ph.A. Convention, said, and I quote, "Prepaid pharmaceutical services certainly represent a response to a great need and the efforts of the Association benefit both the consumer and pharmacist. I was delighted to hear that the Justice Department had given clearance to the California plan. This indicates that plans can be worked out which do not conflict with anti-trust laws. The objectives have both my support and sympathy".

The pharmacist who will present this plan to you is one of the gentlemen who nurtured it to its fruition. Benjamin J. Kingwell is a practicing pharmacist of Arcadia, California, and immediate Past President of the California Pharmaceutical Association.

The presentation was made by Benjamin F. Kingwell, Immediate Past President, California Pharmaceutical Association.

Mr. Kingwell's address was published in the August 1965 issue of The Maryland Pharmacist.

REPORT OF THE TREASURER**Morris Lindenbaum****ARTHUR YOUNG & COMPANY***Certified Public Accountants*

merged with

ROBERT W. BLACK*Certified Public Accountant*

Executive Committee

Maryland Pharmaceutical Association

We have examined the accompanying statement of assets and liabilities resulting from the cash transactions of the Maryland Pharmaceutical Association at May 31, 1965 and the related statements of cash received from and expenses paid for operations for the year then ended. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the statements mentioned above present fairly the assets and liabilities resulting from the cash transactions of the Maryland Pharmaceutical Association at May 31, 1965 and its cash received and expenses paid for the year then ended on the cash basis consistent with that of the preceding year.

Arthur Young & Company

June 15, 1965

MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT OF ASSETS AND LIABILITIES
RESULTING FROM CASH TRANSACTIONS
May 31, 1965

ASSETS**Cash:**

Checking account—general fund	\$ 6,300.03
Savings accounts—general fund	24,757.40
Checking account—The Md. Pharmacist..	1,289.63
Savings account—pension fund	8,151.25
Savings account—scholarship fund	2,410.41
Savings account—Kelly Memorial fund .	15,688.24

58,596.96
Investments, at cost:

Bonds—U.S. treasury, Series J (February, 1965 redemption value \$8,750.00) ...	\$ 6,840.00	
Stock—Union Trust Company of Maryland (market value \$1,452.00)	715.00	7,555.00
		\$66,151.96

LIABILITIES AND NET WORTH

Reserve funds for specific purposes:

The Maryland Pharmacist	\$ 1,289.63
Pension Fund	8,151.25
Scholarship fund	2,410.41
Kelly Memorial fund	15,688.24

 27,539.53

Net worth	38,612.43
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 \$66,151.96

**MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT OF CASH RECEIVED FROM AND
EXPENSES PAID FOR OPERATIONS**

Year ended May 31, 1965

Cash receipts:

Annual dues	\$20,594.00
Convention, net of expenses	6,057.17
The Maryland Pharmacist	2,000.00
Baltimore Metropolitan Pharmaceutical Association	7,000.00
Dr. Robert L. Swain—Pharmacy Seminar, net of expenses	322.33
Dividends	56.10
Kelly Memorial Building Fund	102.20

 36,131.80

Cash disbursements:

Salaries	\$21,098.51
Taxes, payroll	723.88
Pension	1,417.92
Transferred to pension fund savings account	1,500.00
Office expense	1,049.41
Light, heat and water	925.89
Printing	480.79
Postage	1,279.01
Telephone	1,009.42
Travel	1,169.71
Auditing	150.00
Legal	750.00
Insurance	418.65
Bookkeeping service	260.00
Simon Solomon Seminar, net of receipts.	440.03
Regional meetings, net of receipts	47.10
Professional relations committee	192.12
Pharmacy week committee	190.62
Public relations committee	364.20
Legislative committee	605.47

School of Pharmacy committee	25.47	
Scholarship fund	10.00	
Transferred to Maryland Pharmaceutical Assoc. savings account, temporary ..	10,000.00	44,107.73
Excess of expenses paid over cash received ..		(7,975.93)
Cash balance at beginning of year		14,275.96
Cash balance at end of year		\$6,300.03

MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT OF CASH ON DEPOSIT — SAVINGS ACCOUNTS
Year ended May 31, 1965

John F. Wannenwetsch scholarship fund

Cash receipts:	
Interest	\$ 91.02
Contributions	329.00
	420.02
Cash disbursements	
Scholarship for Robert Lee Scarborough	250.00
Excess of cash receipts over cash disbursements ...	170.02
Cash balance at beginning of year,	
Savings Bank of Baltimore	2,240.39
Cash balance at end of year,	
Savings Bank of Baltimore	\$ 2,410.41

Kelly Memorial fund

Cash receipts	
Interest	\$ 639.72
Cash disbursements	
Equipment and repairs	1,745.90
Excess of cash disbursements over cash receipts ..	(1,106.18)
Cash balance at beginning of year,	
Savings Bank of Baltimore	16,794.42
Cash balance at end of year,	
Savings Bank of Baltimore	\$15,688.24

General fund

Cash receipts	
Interest	\$ 380.90
Cash balance at beginning of year,	
Union Trust Company of Maryland	5 10,792.85
Cash balance at end of year,	
Union Trust Company of Maryland	\$11,173.75

MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT OF CASH ON DEPOSIT — SAVINGS ACCOUNTS

Year ended May 31, 1965

Pension fund

Cash receipts:

Interest	\$ 280.38
Transferred from general fund	1,500.00

Cash balance at beginning of year, Reisterstown

Federal Savings and Loan Association	6,370.87
--	----------

Cash balance at end of year, Reisterstown

Federal Savings and Loan Association	\$ 8,151.25
--	-------------

General fund

Cash receipts:

Interest	\$ 182.26
Transferred from general fund operating account	10,000.00

10,182.26

Cash balance at beginning of year, Reisterstown

Federal Savings and Loan Association	3,401.39
--	----------

Cash balance at end of year, Reisterstown

Federal Savings and Loan Association	\$13,583.65
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THE MARYLAND PHARMACIST

STATEMENT OF CASH RECEIVED AND EXPENSES PAID

Year ended May 31, 1965

Cash receipts

Advertising, net of discounts	\$15,658.89
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Cash disbursements:

D. Stuart Webb—printing	\$12,876.75
Robert L. Swain—cartoons	240.00
Transferred to Maryland Pharmaceutical Association General Fund	2,000.00
	15,116.75

Excess of cash received over

expenses paid	542.14
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Cash balance at beginning of year

747.49

Cash balance at end of year	\$ 1,289.63
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Upon motion of Mr. Ogrinz, duly seconded and passed, the Treasurer's Report was accepted.

**ANNUAL REPORT
OF THE
MARYLAND BOARD OF PHARMACY**

1964 **1965**

In compliance with the provisions as set forth in Section 258 of Article 43 of the Annotated Code of Maryland, this report is submitted to His Excellency J. Millard Tawes, Governor of Maryland, and to the Maryland Pharmaceutical Association. This is the sixty-second report to the Governor of the State and the fifty-second to the Association. The report covers the activities of the Maryland Board of Pharmacy for the fiscal year ending June 30, 1965.

Personnel

During the year the Board held eleven meetings, six of which were held at the School of Pharmacy of the University of Maryland, for the purpose of conducting examinations for registration of pharmacists.

At its first meeting the Board reorganized and elected Mr. A. J. Ogrinz, Jr., President and Mr. F. S. Balassone, Secretary-Treasurer. The other members of the Board were: Messrs. Arthur C. Harbaugh, Norman J. Levin and Howard L. Gordy.

At the annual meeting of the Maryland Pharmaceutical Association held at the Shelburne Hotel, Atlantic City, New Jersey on June 29 and 30, and July 1 and 2, 1964, the Nominating Committee submitted the following names which were later submitted to the Governor as possible successors for Alexander J. Ogrinz, Jr. whose term would expire on April 30, 1965:

Alexander J. Ogrinz, Jr.
Frank Block
Irving I. Cohen

On April 30, 1965, Governor Tawes appointed Alexander J. Ogrinz, Jr. a member of the Board for a term of five years, beginning May 1, 1965.

At the meeting of July 2, 1964, the Board elected Simon Solomon as Honorary President of the Maryland Board of Pharmacy.

Examination

The Board conducted two examinations for registration of pharmacists during the fiscal year. They were held at the School of Pharmacy of the University of Maryland on October 28, 29, and 30, 1964 and on June 21, 22, and 23, 1965.

There were eight applicants for the full Board of October. Six passed both the theoretical and practical examination; one failed the examination and one candidate became ill and was not able to complete the examination.

Having previously passed the theoretical portion of the examination, three candidates took the practical examination in October. All of these candidates passed and were subsequently registered.

In order to meet the Board's requirements for reciprocal registration, three candidates took the practical examination in October. They were granted registration after passing the examination.

In June 3 candidates were eligible to take the full Board. Of these 1 passed and was subsequently registered, 2 failed this examination.

1 candidate who had previously passed the theoretical portion of the examination took the practical examination, which he passed and was granted registration.

41 candidates took only the theoretical portion of the examination. Of these 36 passed and 5 failed. One applicant for reciprocity took the practical portion of the examination because he had not met all of Maryland's requirements regarding practical experience. This applicant passed and was granted registration by reciprocity.

The subjects assigned at both the October, 1964 and the June, 1965 examinations were as follows:

Pharmacy and Jurisprudence.....Norman J. Levin
 Materia Medica and Pharmacognosy..Arthur C. Harbaugh
 Chemistry Alexander J. Ogrinz, Jr.
 Chemical and Pharmaceutical Mathematics..F. S. Balassone
 Practical Pharmacy.....Howard L. Gordy

Record of Examinations Held

October 28, 29, and 30, 1964

Applicants	Passed	Withheld	Failed	Incomplete
11	9	0	1	1 (illness)

June 21, 22, and 23, 1965

Applicants	Passed	Withheld	Failed	Incomplete
45	2	36	7	0

Total Number Examined for Registration as Pharmacists

Applicants	Passed	Withheld	Failed	Incomplete
56	11	36	8	1

The following table shows the number of pharmacists who were registered by examination during the past ten years:

Year	Number of Pharmacists
1955-1956	96
1956-1957	60
1957-1958	53
1958-1959	79
1959-1960	55
1960-1961	63
1961-1962	62
1962-1963	74
1963-1964	100
1964-1965	11

As in the past many pharmacists applied for reciprocal registration in Maryland in order to accept positions with their employers who are opening stores in Maryland.

Those applicants who did not meet our requirements concerning practical experience prior to registration and the requirement of at least one full year's active practice of their profession in the state in which they are registered, were advised that they must take our practical examination in order to verify their qualifications. Three applicants for reciprocal registration took our practical examination in October, 1964. After passing the examination these candidates were granted registration by reciprocity. One applicant took the practical examination in June, 1965.

In all cases an applicant for reciprocal registration must appear for a personal interview. The entire Board must act on whether or not to grant registration to such applicants, who must sign an agreement to comply with Maryland's laws pertaining to drugs and pharmacy.

The following table shows those granted registration by reciprocity during the 1965 Fiscal Year:

REGISTERED BY RECIPROCITY

Name	Certificate Number	Dated	State
Paul Gasper Pierpaoli	6507	July 30, 1964	Rhode Island
Rufus Harry Newborn, Jr.	6508	July 17, 1964	Virginia
Clyde Franklin Condo, III	6509	July 30, 1964	Pennsylvania
Alberta Louise Henderson	6510	Aug. 7, 1964	Dist. of Columbia
Hirsch Yale Fishbein	6511	Aug. 7, 1964	Pennsylvania
Frank Lucius Colbert	6527	Aug. 20, 1964	Dist. of Columbia
Bertram J. Baughman	6528	Sept. 4, 1964	Pennsylvania
Normand Albert Pelissier	6529	Sept. 4, 1964	Massachusetts
Willis James Williams, Jr.	6530	Sept. 4, 1964	Delaware
John Thomas McNamara	6531	Sept. 18, 1964	Pennsylvania
Emanuel Zimmerman	6532	Sept. 18, 1964	Pennsylvania
Myron Zimmerman	6533	Sept. 18, 1964	Pennsylvania
Joseph Philip Crisalli	6534	Oct. 7, 1964	Georgia
Harold Edwin Rinde	6535	Oct. 7, 1964	Dist. of Columbia
Bernard Footlick	6536	Oct. 19, 1964	Ohio
Gwendolyn P. Johnson	6537	Oct. 19, 1964	Dist. of Columbia
Martin Jerome Cohen	6538	Nov. 16, 1964	Massachusetts
Rheta Ella Leverett	6539	Nov. 16, 1964	Georgia
Elliott Barry Spector	6540	Nov. 16, 1964	Pennsylvania
Rosemary R. F. Spindler	6541	Nov. 16, 1964	Dist. of Columbia
Marvin Pattashnick	6542	Nov. 25, 1964	Virginia
James Willie Poindexter	6543	Dec. 3, 1964	Texas
Christine E. Alderete	6544	Dec. 4, 1964	Pennsylvania
Renee Huppert Bailey	6546	Dec. 4, 1964	Pennsylvania

Name	Certificate		State
	Number	Dated	

Louis DeVon Fairfield	6547	Dec. 4, 1964	Indiana
Donald R. Hamilton	6548	Dec. 4, 1964	Pennsylvania
Garel Eugene Smith	6549	Dec. 4, 1964	West Virginia
George Irving Freedman	6550	Dec. 23, 1964	Massachusetts
Leon Leonard Nelson	6551	Dec. 23, 1964	Dist. of Columbia
Bernard Joseph Brosky	6552	Dec. 31, 1964	Colorado
Bernard Louis Sloane	6553	Dec. 31, 1964	Pennsylvania
Craig Clark Foster	6554	Jan. 19, 1965	Tennessee
Victor Samuel Goodman	6558	Feb. 15, 1965	Dist. of Columbia
Michael D. Athanasoulas	6564	Jan. 27, 1965	Massachusetts
Edward Segal	6565	Jan. 27, 1965	Pennsylvania
William T. Shaughnessy	6566	Jan. 27, 1965	Pennsylvania
Edwin Chastine Turner	6567	Jan. 27, 1965	Georgia
Philip R. Wisner	6568	Jan. 27, 1965	Michigan
John Joseph Swabon	6569	Feb. 15, 1965	Pennsylvania
Willie Green Sumlar	6570	Feb. 15, 1965	Dist. of Columbia
Patricia W. Hammarstrom	6571	Mar. 4, 1965	Pennsylvania
Sandra Sue Lehto	6572	Mar. 4, 1965	Tennessee
Albert Zitomer	6573	Mar. 22, 1965	Pennsylvania
Kenneth M. Shockman	6574	Mar. 29, 1965	North Dakota
Robert Burnen Eckert	6575	Apr. 7, 1965	Connecticut
William Melvin Riley	6576	Apr. 21, 1965	West Virginia
Linda Tennant Taylor	6577	Apr. 22, 1965	Arkansas
Irwin Wasserman	6578	Apr. 22, 1965	Dist. of Columbia
Henry John Derewicz	6579	May 3, 1965	Pennsylvania
David Abraham Levine	6580	May 3, 1965	Rhode Island
Robert Kenneth Greim	6581	May 3, 1965	Pennsylvania
Howard Marvin Klaus	6582	May 10, 1965	Pennsylvania
Ray W. Muegge	6583	May 10, 1965	Indiana
Robert Anthony Borgatti	6584	May 10, 1965	Virginia
Justine Irving Becker	6585	May 18, 1965	Massachusetts
Robert James Murphy	6586	May 18, 1965	Massachusetts
James O'Shea	6587	May 18, 1965	Pennsylvania
Alvin Perkins	6588	May 18, 1965	Texas
Louis Rosario Turegon	6589	May 18, 1965	Rhode Island
Tom Clark Rouse	6590	June 1, 1965	Pennsylvania
Joseph Lindsay Edmonds	6591	June 10, 1965	Kansas
Martin Siegel	6592	June 30, 1965	New Jersey
Louis Foster Williams	6593	June 30, 1965	Louisiana

Registered By Reciprocity

The following table shows the number of pharmacists granted registration by reciprocity and the number who were certified to register by reciprocity in other states during the past ten years:

Fiscal Year	Reciprocity	Certified for Registration in Other States
1955-1956	64	16
1956-1957	58	26
1957-1958	51	21
1958-1959	46	17
1959-1960	46	19
1960-1961	33	18
1961-1962	35	20
1962-1963	54	18
1963-1964	46	23
1964-1965	63	20
Total	496	198

The table shows Maryland gained 298 pharmacists by reciprocity during the past ten years.

Pharmacy Permits

Location	1963-1964	1964-1965
Counties:		
Allegany	26	26
Anne Arundel	49	48
Baltimore	132	136
Calvert	2	2
Caroline	3	3
Carroll	12	12
Cecil	8	8
Charles	7	7
Dorchester	2	3
Frederick	14	14
Garrett	3	3
Harford	13	14
Howard	8	8
Kent	3	2
Montgomery	74	75
Prince George's	75	74
Queen Anne's	4	4
Saint Mary's	4	4
Somerset	5	5
Talbot	9	8
Washington	14	15

Wicomico	10	11
Worcester	7	7
County Totals	484	489
Baltimore City	341	333
State-wide Totals	825	822

The above figures include permits issued to hospitals in the counties as follows:

Allegany	2	Talbot	1
Anne Arundel.....	2	Washington	1
Baltimore	1	Wicomico	1
Frederick	1		
Montgomery	3		12

In Baltimore City, 18 hospitals received a permit to operate a pharmacy. Thus, a total of 30 hospitals have a licensed pharmacy. Two nursing homes have received a "limited" pharmacy permit.

From July 1, 1964 through June 30, 1965 permits have been issued to 22 new pharmacies. A total of 20 pharmacies have closed and have not, as yet, been re-opened as pharmacies.

The following table shows the number of pharmacies opened, changes in ownership, and closed during the year:

	Changes in Ownership, Corporation, and/or		
	Opened	Address	Closed
Counties	20	22	8
Baltimore City ..	2	12	12
Total	22	34	20

The following table shows the number of pharmacies opened, changes in ownership, and closed in the past ten years:

Fiscal Year	Opened	Changes	Closed
1955-1956	23	19	11
1956-1957	28	20	18
1957-1958	26	30	14
1958-1959	28	24	19
1959-1960	31	39	16
1960-1961	41	41	25
1961-1962	34	31	15
1962-1963	39	45	22
1963-1964	20	38	20
1964-1965	22	34	20

Certificate of Registration Renewals

....

The Board has issued 2,548 renewal certificates for the 1965-1966 biennial re-registration period. During the 1963-1964 re-registration period 2,326 renewal certificates were issued, showing an increase of 222 registrants. During the 1965 fiscal year we issued 18 renewal certificates to registered pharmacists for all three renewal periods (1961-1962, 1963-1964 and 1965-1966) who had not yet learned of this law which became effective June, 1961.

Manufacturers' Permits

Permits to manufacture drugs, medicines, toilet articles, dentifrices or cosmetics during 1965 were issued to 65 firms, 50 of which were "limited" permits. An applicant applying for a permit for a newly established company is required to appear before the Board and to furnish all information the Board considers pertinent to the conducting of such operation.

Dangerous Drug Distributors' Permits

The Board issued 166 permits to sell, distribute, give or in any way dispose of dangerous drugs during 1965. It is not necessary for a subsidiary or subsidiaries of a company to have a separate permit, as they are covered under the permit held by the parent company.

Advertising

The following letter with respect to advertising was sent to all pharmacies in the state of Maryland.

"Dear Pharmacist:

Since the passage of House Bill 371 which became effective June 1, 1963, relating generally to the practice of Pharmacy and more specifically to grounds for reprimand, suspension or revocation of Pharmacists licenses, there has been an ever increasing violation of the provision as it relates to advertising, which is quoted below:

Article 43 Section 266A (4)

"(iv) The advertising to the public by any means, in any form or through any media, the prices for prescriptions, dangerous or non-proprietary drugs, or fees for services relating thereto or any reference to the price of said drugs or prescriptions whether specifically or as a percentile of prevailing prices, or by the use of the terms "cut rate", "discount", "bargain" or terms of similar connotation.

(v) The advertising or claiming to the public of professional superiority in the compounding or filling of prescriptions or in any manner IMPLYING professional superiority which may undermine public confidence in the ability, character and integrity of other pharmacists."

Because of the voluminous amount of the variety of violations, it became necessary that several advertisements be submitted to the

State Law Department and an interpretation of the above section was requested. The following conclusion from an opinion of the Attorney General is quoted below for your information and for guidance.

"After reviewing the advertisements in question and the aforementioned provisions of the law relating thereto, we are of the opinion that they come within its purview. However, it is the Board's function to make the final determination in each instance. The statute gives the Board broad authority in this area and defines very clearly what constitutes grossly unprofessional conduct relating to advertising. In cases such as this, the Board must be guided primarily by the language of the statute. In addition to this, the object of the law and the evils or mischief sought to be remedied by it must also be considered, so that the legislative intent in passing the law can be ascertained. Obviously, the law was passed as a public health measure and as such it was designed to protect the public from the dangers incident to the type of advertising outlined in and forbidden by it."

It behooves every pharmacist and pharmacy owner to review critically all advertisements be it on radio, television, newspaper, signs, labels, bags, etc., so that they do not violate the above provisions and that compliance is met not only with the letter of the law but also the intent and spirit of the law.

Henceforth, violations of the above sections will be enforced strictly.

Very truly yours,

F. S. Balassone, Secretary

MARYLAND BOARD OF PHARMACY"

Prescription Survey

The following table shows a survey of prescriptions filled in 1964:

PRESCRIPTION SURVEY - 1964

Baltimore City

Average Number New Prescriptions Filled in 118 out of 313 Pharmacies.....	8,921
Average Number Prescriptions Refilled in 118 out of 313 Pharmacies	5,037

13,958

Average Prices of Prescriptions in 118 out of 313 Pharmacies	\$2.85
--	--------

Estimated New Prescriptions Filled in 313 Pharmacies.....	2,792,291
Estimated Prescriptions Refilled in 313 Pharmacies.....	1,576,648

4,368,939

Counties

Average Number New Prescriptions Filled in 243 out of 472 Pharmacies.....	12,070
Average Number Prescriptions Refilled in 243 out of 472 Pharmacies.....	9,240

21,310

Average Price of Prescriptions in 243 out of 472 Pharmacies	\$3.13
---	--------

Estimated New Prescriptions Filled in 472 Pharmacies.....	5,697,260
Estimated Prescriptions Refilled in 472 Pharmacies.....	4,361,350

10,058,610

State

Estimated New Prescriptions Filled in 785 Pharmacies.....	8,489,551
Estimated Prescriptions Refilled in 785 Pharmacies.....	5,937,998

14,427,549

Legislation

There were two Bills introduced into the Legislature that would have affected the Board. They were House Bill No. 1026 and House Bill No. 1027, introduced by Delegate Kosakowski.

House Bill No. 1027 would have amended Section 272 of Article 43 and added Section 272A which would have prohibited the sale of drugs, medicines, or medicinal preparations by certain itinerant vendors.

Section 272A. Itinerant Vendors.

No itinerant or travelling vendor, hawker or peddler shall sell, distribute, vend or otherwise dispose of any drugs, medicine or pharmaceutical or medicinal preparation in this State. The term itinerant or travelling vendor, hawker or peddler shall mean any person whose business involves the passing from house to house or soliciting people in the public streets or public places or by using any device for attracting crowds and therewith recommending their wares and offering them for sale.

This Bill did not become law.

House Bill No. 1026 would have provided the following:

1. Definition of the Practice of Pharmacy.
2. A clearer definition of the Pharmacy the establishment or institution.
3. A pharmacy shall
 - (a) be independent physically from any other profession or business.
 - (b) devote a majority of its overall public area to prescription and allied health and professional products and services.
4. The Board may promulgate rules and regulations in accordance with the provisions of Article 41, Sections 244 to 265, inclusive, known as the Administrative Procedure Act.
5. Any aggrieved party or the Board may appeal to the Court of Appeals of Maryland any adverse decision of any Circuit Court of any County or any Court of Baltimore City.

This Bill did not become law.

Cooperative Activities

The Board maintained membership in the National Association of Boards of Pharmacy. There were two annual meetings of the Association during the 1965 Fiscal Year, which were held in conjunction with the annual meetings of the American Pharmaceutical Association. The meetings were held on August 2-7, 1964 in New York City, New York and on March 26 - April 2, 1965 in Detroit,

Michigan. The Board was represented by Secretary-Treasurer, F. S. Balassone. Also in attendance were President A. J. Ogrinz, Jr. and Norman J. Levin. At the annual meeting held in Detroit, Michigan on March 26 - April 2, 1965, Secretary-Treasurer, F. S. Balassone was elected President of the National Association of Boards of Pharmacy.

The Board also maintained membership in the Conference of Boards and Colleges of Pharmacy of the National Association of Boards of Pharmacy District Number Two, comprising the States of New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, Virginia and West Virginia. The annual meeting was held in Albany, New York on October 15, 16, and 17, 1964. The Board was represented by President, A. J. Ogrinz, Secretary-Treasurer, F. S. Balassone, Howard L. Gordy.

The Secretary-Treasurer, F. S. Balassone was made the official delegate of the National Association of Boards of Pharmacy to the annual meeting of the Association of Food and Drug Officials of the United States, which was held in Denver, Colorado, June 21 - 25, 1964. Secretary Balassone was also the official delegate to the National Drug Trade Conference in New York City on March 5, 1965.

The Board maintained cooperative activities with the State Department of Health, The School of Pharmacy - University of Maryland, The Maryland Pharmaceutical Association, The Baltimore Metropolitan Pharmaceutical Association, Federal Bureau of Narcotics, Food and Drug Administration, City, County and State Police.

Finances

All funds of the Board of Pharmacy are deposited to the credit of the Treasurer of the State of Maryland, and disbursements covering the expenses of the Board are paid by voucher by the State Comptroller.

MARYLAND BOARD OF PHARMACY

Statement of Receipts and Expenditures for the Period from July 1, 1964 to June 30, 1965

Balance Forwarded—July 1, 1964.....		\$ 8,474.00
Receipts—July 1, 1964 - June 30, 1965.....		17,316.00
		\$25,790.00
Expenditures		
Salaries and Per Diem Board Members..	\$1,760.00	
Operating Expenses	3,564.00	\$ 5,324.00
Transferred to General Fund Surplus.....		13,117.00
Amount Forwarded - July 1, 1965.....		\$ 7,349.00

Respectfully submitted,

F. S. Balassone, Secretary-Treasurer

Irving I. Cohen, Chairman of the Swain Model Pharmacy-Cole Museum Committee, announced that drawings and plans for the two projects were on display.

President Weiner announced the schedule for the afternoon and evening. He stated a special Executive Committee meeting would be held immediately following to review the California "Paid Prescriptions" Plan with Mr. Kingwell.

Adjournment was at 1:00 P.M.

THIRD SESSION

Wednesday, June 30

The Third Session was called to order by President Weiner at 10:15 A.M., who turned the gavel over to First Vice President Ogrinz.

Mr. Ogrinz introduced George W. Thomson, Jr., Chief of Consumer Production, Smith, Kline & French Laboratories, who presented a special report, "The Facts about Counterfeit Drug." Mr. Ogrinz pointed out the valuable services to the profession which Mr. Thomson's department made available.

The full text of Mr. Thomson's address will be published in the December 1965 issue of the *Maryland Pharmacist*. A brief extract of his presentation follows:

Vigilant pharmacists are the best defense against the growing threat of counterfeit drugs. To avoid trouble with counterfeit products, pharmacists should follow this cardinal rule:

"Know your suppliers and deal only with reputable, local suppliers you know." Describing drug counterfeiting as a problem of "large proportions," Thomson said the counterfeiters pick well-known, high volume, trademarked drugs and make inferior copies. It's not unusual, he said, to find counterfeit drug products which are only 50 per cent of the strength claimed on the label. Furthermore, he said, some counterfeits are overstrength and some actually are contaminated.

"Quality control is a concept unknown in counterfeiting circles. Manufacturing is done in garages, in machine shops, in cellars—wherever a tableting or capsule-filling machine can be set up in a hurry and moved rapidly to avoid detection."

Distribution of counterfeit drugs most commonly is through unscrupulous repackagers, crooked distributors posing as reputable mail order wholesalers and store-to-store salesmen.

Actions a pharmacist can take to avoid being duped by passers of counterfeit drugs are:

—Buy drugs only in original, sealed containers and don't buy a small supply of a drug which the seller claims was taken from a "big-sized original bottle."

—Beware of any person who offers to sell a drug at an unreasonably low price claiming that it is close-out or distress merchandise. Always get invoices from suppliers.

—Report to the state or local department of health, the pharmacy board, the local Food and Drug Administration office and the manufacturer the name of any person who offers to buy empty original manufacturers' containers, particularly of fast-moving and expensive drugs, of large sizes such as 500s and 1000s.

—If you encounter a suspected counterfeit drug, get the name of the seller and other information, such as a car license number and description, and report the information immediately.

Federal government officials are increasingly concerned with the public health threat posed by drug counterfeiting, Thomson said. He noted that a bill containing provisions to strengthen controls over drug counterfeiting has passed both the House of Representatives and the Senate. It is now before the House again for consideration of amendments.

Professional organizations also are trying to make counterfeiting more difficult, Thomson said. The National Pharmaceutical Council has developed a model law on this subject which it hopes state pharmaceutical organizations will urge state legislators to adopt.

"Efforts by government and professional organizations certainly will help. However, if counterfeiting is to be stopped, it must ultimately be stopped in the nation's pharmacies," he declared.

A question and answer period then followed.

First Vice President Ogrinz then called upon Second Vice President Morris R. Yaffe to serve as moderator for the panel presentation: "How to emphasize Successfully Your Prescription Practice—Three Viewpoints."

Mr. Yaffe introduced the panel as follows:

Today we are here to hear a panel presentation by the eminent fellows in their respective fields in the practice of the art of pharmacy. They will endeavor to bring to you the most modern and efficient means by which they in their own fields have successfully emphasized their prescription department.

Since time immemorial the pharmacist has tried to further his knowledge and skills in the pursuit of his profession. The different methods and moods of the practice of pharmacy dates back in our country to the pre-revolutionary days. History tells us that Benjamin Franklin operated a drug store which featured besides his drugs and potions the latest imports of tea, silks, cottons and wares for the ladies and gentlemen, and he so advertised in his journal. So you see the modern drug stores as we know them today are just a refinement of the old.

History also tells us that in this same era the arts and sciences of the apothecary was practiced in the hospital that was sponsored

and built by Benjamin Franklin who procured his pharmacist from the practicing apothecary in Philadelphia. So here we have the hospital pharmacist and the apothecary dating back to this time. At the same time there were community drug stores in which the pharmacist was the community sage and, besides dispensing his drugs and potions, he dispensed advice. Personal problems were solved by him and also community problems given to him.

Since those days the pharmacist has endeavored to improve his lot within the health team of our country, following the lives of his predecessors, but also improvising and emphasizing the prescription department.

We will now have an opportunity to hear from our three panelists on the subject of "How to Successfully Emphasize Your Prescription Practice"—Three Viewpoints.

"HOW TO EMPHASIZE SUCCESSFULLY YOUR PRESCRIPTION PRACTICE— THE APOTHECARY"

James E. Delahanty, Community Pharmacist, Trenton, New Jersey

To explain and clarify my particular position on this panel, I want to say that I started out in 1937 with the typical community type pharmacy. It was then 40' long, 20' wide. Since that time it has gradually developed into what it is now. There have been a succession of changes, the first of which occurred in 1942 when I closed my soda fountain. This, of course, was part of the original area. Closing the soda fountain was a necessity, but was a most profitable one because I first put shelves on top of the soda fountain and found I made more money selling writing paper and the various items I did put up on the shelves. It, of course, eliminated the necessity for help and all the various headaches that go with a fountain.

After coming back from the service in 1945, I sold the fountain. They were scarce then, and incidentally, I got more money than I paid for it. I was very happy about that because the new enlarged area allowed me better display space for a professional type pharmacy. We continued on then from 1945 and in 1950 I completely remodeled the whole store. Remodeling the store, and may I say I have made successive remodelings, has been rewarding to me. This change has always proven of interest to the patrons of the store.

The first major remodeling I had, and we were covered with tarpaulins, saw horses, carpenters running all over the place, proved to be the best business day financially I had had that year. I do not know, but it is a strange thing that people will insist on coming in under adverse circumstances, pushing tarpaulins aside, maybe getting hit with a board, but they want to come in to see what is going on and they do spend money, for which I was deeply appreciative. In 1955 we completed remodeling with new fixtures which, with our enlarged store, certainly made for a wider area, but all

the time we were progressing toward that professional look that we hoped to achieve.

In 1964 we took a radical departure from the particular conventional type store. I want to dwell on that a little bit later but I want to tell you first about some of the professional promotions that we have had. In these professional promotions, we, of course, enjoy a fairly good physician business. We send out a newsletter to physicians once a month. This, as a member of the American College of Apothecaries, is available to all members. There is a well written set of clinical abstracts with one humorous anecdote at the end. It has found very good acceptance in our area. We send it particularly to the doctors that we are trying to court — not to the dispensers and not to the elderly who do not do much business. This has proved very profitable to us.

We carry also the usual things that a pharmacy encouraging doctors patronage would — injectibles, biologicals. We have found this most rewarding and recently we have gone into laboratory supplies for diagnostics, most of which we make ourselves. We can't make them all — we don't have quality control equipment — that would be expensive. Some of the things we buy and resell, but many of the things we make. This is a professional area which I urge you to get into, if there is a market in your particular area.

As far as the patients are concerned, we use things that are available to you readily — the capsule magazine. This is something we send out as a stuffer to go into our bags, which are incidentally marked American College of Apothecaries. I am a member of that and I am very proud of it. I am the only one in my area and I am advertising it to the nth degree. We put these stuffers into patrons' packages. There has been some argument, and some people will say, "why do you advertise to patrons you already have?" Well, personally my feeling is that I like to keep them sold — I like to reassure people that their choice of a pharmacist has been a good one.

On that area, for a good many years, as far as customer relations are concerned, being active in the Mercer County Association, I have felt that a pharmacist should be a member of every voluntary health group; and may I say that in fighting for this particular situation, I have managed myself to land on three of the boards. It is more than one man should do, but the opportunity was made available to me and rather than lose the spots, I grabbed them and hope in time to turn them over to some other pharmacist in our county organization. These have been rewarding. It not only gives you a spot on the health team, it gives you a dignity, but may I say it gives you rewarding contacts, which are sometimes turned into customers and patrons and are profitable. I feel that the time I have spent there is well spent. I am on the Tuberculosis and Health League; I am on the Heart Association; I am a director of the mental health organization in Mercer County. This is an appointment by the Board of Free Holders which we have in the

State of New Jersey. These have all been rewarding and I urge them on all pharmacists.

Another area in which we try to practice some professionalism is that we keep a record of every customer's prescription purchases. We list them by families — we list the individual names — we list the drug and we list, of course, the doctor's number, etc. It is a valuable aid in this way: we send it out at the end of the year and people use it for income taxes. I know there are various schemes. This is one we have devised ourselves and we have so arranged it that while a pharmacist must make the notations, a typist can transfer to the form we send out. We have a little system, made by the Moore Business Forms, in which the carbon is eliminated in the middle and in that little area there is a message "Thank you for your prescription patronage. This is the amount of business you did with us this year. You may use it for income tax purposes." This has proved very helpful to us. This also is a help in our relationship with the family inasmuch as we can ourselves say, "This is the prescription you had". To the doctor who calls "What has this patient been taking?", we can tell the doctor immediately, because it is all on that one page. Any allergies that are reported to us, of course, we list on the page. We list the name, address, members of the family and the phone number. This has proved very profitable to us.

One of the most interesting things we have done in New Jersey for a good many years is the sponsorship in the legislature of what we call "drug safety bills". They get labeled "aspirin bills", but we have something good in mind, we think. We have promised the legislature a particular area in which only professionalism will be exercised and practiced. We thought about this for quite some time in our particular store and we decided to implement it. Now with a minimum of expense we rearranged our area so that adjacent to the prescription department we now have a particular area that is cut off by two gondolas. There are two waiting chairs there and immediately opposite that area is a rack for free professional information pamphlets. This has been a wonderful thing for us and people themselves come in to pick up various pamphlets and sometimes call us on the phone and ask us to please insert a couple more of a particular pamphlet in their package when they are getting it delivered. These are available free, of course, from your Heart Association or from your Tuberculosis Association in your particular area.

In this particular area of the pharmacy, only a pharmacist functions. He is there whenever a patron comes in. We have taken the step that we had promised the Legislature to do. We have done this in this particular store and may I say it has been rewarding. We know for a fact that our sales in this particular area have increased 13%. You know there is actually more than has been said. There is more to the drug business than just profit, if you get the rewarding appreciation, the rewarding look that a patron will give you if you sell, for example, a thermometer. We all know

this, and how in the conventional type drug store the girl handed it out and it has been nice, and so you ring up the money and that is it. But when we are out there and we say "Mrs., this is a Becton-Dickinson thermometer. This has been aged for a couple of years and there is a Government certification. You can read that and you can understand this was not made in a foreign country. It was made right here by American workers with American skills". Then you say, "Mrs., this gooseneck in here is not a flaw in the thermometer. This is the most important part of the thermometer because you have to have that gooseneck, otherwise you could not take a reading". Then, of course, the usual things — "wash with warm water, not hot water", and the care of it and putting it in the case that is provided for it. People just stand there in amazement. They are just so happy that they have received a professional service.

Another area is the nebulizer compared to an atomizer. Unquestionably you have all experienced this. People will buy a nebulizer and come back and say nothing comes out. Under the light you show them a little vapor and explain that it is something like a cloud. It is not like rain—it is like a cloud, a mist, or fog. These things are most appreciated by the consumer. They remark about them and may I say that when you are offering that service you are rendering a professional service.

The rewards are not there necessarily in dollars and cents, but the rewards are this, that you are offering professional service and you are giving them something they can never find at a supermarket or other type of drug store —you are giving them *you* — and you never find that in a supermarket.

The second panelist, Norman Shack, Pharmaceutical Editor, Chain Store Age, presented the viewpoint of the chain drug store. His talk was published in the September 1965 issue of the Maryland Pharmacist.

Morton Schanper, pharmacist of Bethesda, Maryland, was the final panelist. His presentation from the viewpoint of the community pharmacist was printed in the August 1965 issue of the Maryland Pharmacist.

A question and answer period followed after the panel presentation.

The Third Session was adjourned at 12:45 P.M.

FOURTH SESSION

Thursday, July 1

The Fourth and Final Session of the Convention was called to order at 10:25 A.M. in the Garden Lounge by President Weiner. He announced the memorial service for the pharmacists who had died since the previous convention.

MEMORIAL SERVICE

Bernard B. Lachman began the service with the reading of the 23rd Psalm. Francis S. Balassone followed with the Necrology.

ARTHUR F. ANTHONY
 JESSE C. BANKARD
 RAYMOND M. BELL
 FREDERICK T. BERMAN
 FRANK L. BLACK
 FRANK N. BRITCHER
 HARRY L. CARMEL
 CLIFTON CHAIRES
 JANE C. COOPER
 D. PRESTON CRAMMER
 DANIEL DOLGIN
 HERMAN B. DRUKMAN
 CHARLES FOLCKEMMER
 MICHAEL F. GARDNER
 IRVIN J. GLEIMAN
 FRANK J. GREGOREK
 LOUIS W. INGBER
 ANDREW J. ITZOE
 WALTER V. JACKSON
 WILLIAM H. KAMMER
 FREDERICK J. KIMSEY
 HAROLD C. KINNER
 JACOB KRAKOWER
 ARNOLD LAWSON
 ISRAEL MILLER
 ISRAEL NISS
 JOHN J. O'HARA
 JAMES A. I. PARKER
 HARRY J. PAUL
 WILLIAM A. PURDUM
 GARY P. RANSOM
 LLOYD N. RICHARDSON
 MELVIN H. RUDMAN
 MILTON S. SACKS
 WILLIAM SEWARD
 WILLIAM S. SEYMOUR
 DAVID SHERRY
 WILLIAM H. SMITH, JR.
 LARMAR J. STILLWAGON
 JOHANN M. THAL
 J. WEST THOMPSON
 DAVID TOURKIN
 THOMAS M. WHALEY
 LOUIS H. WITZKE

Anthony G. Padussis than offered the following memorial prayer:

Almighty Father, Author of life and death, we are met here at this moment to direct our hearts to Thee and to express our love for those who have been laid to eternal rest. Memories crowd upon us as we recall those who have gone before, who even in death are a benediction unto us. The lesson of our measured years is forcibly brought home to us, and the determination is strengthened within us to hasten the fulfillment of our resolution to live nobly in the spirit of our beloved dead, and to fulfill the obligations which we have accepted from their hands. At this moment, we seek renewal of strength for the struggles of life and increased courage to meet our tasks.

We realize our frailty even as we know that from Thee cometh strength. These silent sentinels call us back to Thee and to the recognition of our duty. They rouse us to do good while our brief day lasts, to bring relief to the distressed, sunshine where darkness now prevails, hope to those in despair and support for every worthy undertaking for human welfare.

With sorrowing hearts, we call to mind at this solemn hour our beloved ones whom death has removed from our midst. We thank Thee for the years which Thou didst grant unto them, years in which they brought help, joy and comfort to many a heart. Thou in Thy love gavest them unto us and Thou in Thy wisdom hast taken them from us.

We think of the time when they still moved among us, shared in our labors and bestowed their love and friendship upon us. Though slumbering in their eternal rest, they live in our hearts as lasting sources of inspiration leading us to good deeds and noble thoughts. In gratitude for all the blessings they brought to us, and to humanity, we dedicate ourselves anew to the sacred tasks they bequeathed unto us. Extend Thy healing balm unto the bereaved and grant eternal rest and peace to the souls which we remember now with tenderness and compassion. Amen.

REPORT OF RESOLUTIONS COMMITTEE

Dr. Noel E. Foss, Chairman

The Resolutions Committee met and offers the following resolutions.

The resolutions will be read and those without objection will be voted upon at the conclusion. The remainder will be considered individually.

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it congratulates and extends every good wish for the success of the 1965 convention of the New Jersey Pharmaceutical Association being held in Atlantic City during this same week, and for the opportunity and privilege of sharing in some of the same programs, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the appropriate officer of the New Jersey Pharmaceutical Association.

WHEREAS, Maryland, with support from Federal grants, is engaged in community mental health planning to provide for better care of mentally ill, within the State, and

WHEREAS, this care will encourage prompt and comprehensive services—including diagnosis, rapid treatment and effective rehabilitation—in Community Mental Health Centers close to patients' homes, utilizing the maximum that is available of community therapeutic and rehabilitative resources, and

WHEREAS, Pharmacy has not been included in community mental health planning as a vitally interested group within this State, and

WHEREAS, Pharmacy is an important part of any local community mental health planning because it can help develop efficient drug distribution and dispensing methods for these Community Mental Health Centers.

THEREFORE, BE IT RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, urges its members and directs the Executive Committee to participate immediately in community mental health planning at local and state levels.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend the Federal Trade Commission for its continuing activities against false and misleading advertising, including drugs and related products, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the chairman of the Federal Trade Commission

RESOLVED, by the Maryland Pharmaceutical Association in annual convention assembled, that it urge its members not to promote health preparations that are cited by the Federal Trade Commission as an expression of its continued interest in the safety of the public health, and

BE IT FURTHER RESOLVED, that a copy of this resolution be distributed to the membership of the Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commends and at the same time wishes every success to the American Pharmaceutical Association on its establishment of "The Academy of General Practice" which will devote its efforts to the problems and programs of the community pharmacist, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the American Pharmaceutical Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend those manufacturers whose policies make drugs available to community pharmacists on the same terms and conditions to which they are made available

to all hospitals and other institutions for medical service, which similarly engage in dispensing prescription medication to the public, and

BE IT FURTHER RESOLVED, that all manufacturers be urged to review their distribution policies to non-profit, tax-exempt institutions to assure that drug purchases and usage are consistent with the terms and conditions of the sale.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it strongly protest the current practice of the Armed Forces of the United States to offer a four months training program for technicians who will later be used by the Armed Forces for the compounding and dispensing of drugs for the personnel in the Armed Forces since the Armed Forces personnel are entitled to the same kind of expert service provided for the distribution of drugs by licensed pharmacists in the several states of the United States, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the appropriate authorities.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that appropriate representatives of the Association meet with representatives of the Maryland Association of Hospital Pharmacists to continue to review the practice and problems associated with the distribution of drug products and prescriptions by some hospitals to persons who are not patients of the hospital or may have been discharged from the hospital, and

BE IT FURTHER RESOLVED, that a report of this joint committee be brought to the attention of the Executive Committee of the Maryland Pharmaceutical Association for further consideration and action, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Maryland Association of Hospital Pharmacists and the American Society of Hospital Pharmacists.

WHEREAS, a number of pharmaceutical manufacturers are employing a "direct selling" policy under which better prices and terms are offered to those pharmacists who can purchase directly from the manufacturer than to those who choose to, or are forced to, purchase the same lines through their drug wholesaler, and,

WHEREAS, those policies work undue hardships on the majority of independent retail pharmacists as well as on their principal sources of supply, the drug wholesalers, and,

WHEREAS, service to the consumer or patient may be unduly delayed or completely disrupted, thereby, to the detriment of the general health and well being of the public,

NOW THEREFORE BE IT RESOLVED, that the Maryland Pharmaceutical Association respectfully requests a re-appraisal of all such policies and a re-evaluation of the impact such policies may

have upon the public interest, and that a copy of this resolution be sent to the Pharmaceutical Manufacturers' Association, Federal Wholesale Druggists' Association, National Wholesale Druggists' Association, and the local drug wholesalers.

WHEREAS, for the best interprofessional relationship between the pharmacist and the physician the distribution of prescription drugs should be through a pharmacy, and

WHEREAS, it has been reported that some pharmaceutical manufacturers are encouraging physicians to dispense oral dosage forms of relatively new birth control preparations and are distributing and billing these preparations directly to the physician, and in some instances at a cost less than that available to the community pharmacy,

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it condemns this method of distribution and that a copy of this resolution be forwarded to the home offices of the companies involved, and to the Pharmaceutical Manufacturers' Association.

WHEREAS, practicing pharmacists in Maryland experience extreme difficulty, and sometimes find it impossible, to read prescriptions written by medically trained personnel, and

WHEREAS, this illegibility frequently includes the name of the prescriber, thus delaying indefinitely the filling of the prescription for the patient, and,

WHEREAS, many if not most of these medical practitioners are associated with hospitals but cannot be identified by the hospital telephone operator or in many cases even by the office of the director of the hospital, therefore,

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it request the Maryland Hospital Council, as well as each individual hospital, to require each of its staff of medically trained personnel to include their printed name under the signature of the prescription, or provide some other marking that will facilitate the identification of the prescriber to permit the practicing pharmacist to reach the prescriber for clarification of the prescription.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby records its grief and sense of loss in the death of Dr. Lloyd N. Richardson, president of the Maryland Pharmaceutical Association in 1940, Honorary President in 1955, member of the Maryland Board of Pharmacy 1924 to 1944, member of the Maryland State Board of Health from 1944 to 1963, and who over a long period of years was deeply devoted to the ideals of this Association and to the profession of pharmacy, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to his wife, Mrs. Geneva Richardson.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby records its grief and sense of loss in the death of Dr. Frank L. Black, President of the Maryland Pharmaceutical Association, 1943, Honorary President, 1959, and who over a long period of years was deeply devoted to the ideals of this Association and to the profession of pharmacy, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to his niece, Mrs. Charlotte Clarke and nephew, Mr. James Black.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its appreciation to the Maryland State Dental Association for the many courtesies it continues to extend to the Maryland Pharmaceutical Association in fostering better professional relations, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Maryland State Dental Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its appreciation to the Medical and Chirurgical Faculty of Maryland for the many courtesies it continues to extend to the Maryland Pharmaceutical Association in fostering better professional relations, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Medical and Chirurgical Faculty of Maryland.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its thanks and appreciation to those persons and organizations which assisted in effecting more reasonable fees for those pharmacists who participate in the Medical Care Program administered by the Maryland Board of Health and Mental Hygiene, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Governor of the State of Maryland, to the Chairman of the Maryland Board of Health and Mental Hygiene and to the Commissioner of the Maryland State Department of Health.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend Mr. Walter Albrecht, who served as the representative of pharmacy on the Advisory Council on Medical Care to the Maryland State Board of Health and Mental Hygiene from 1949 to 1965, for his unselfish efforts and his many contributions to ensure the more efficient operations, and especially those referring to drugs, of this program by the Maryland State Department of Health, and

BE IT FURTHER RESOLVED, that a suitably inscribed copy of this resolution be forwarded to Mr. Albrecht.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its sincere appreciation and thanks to those news media in the state that have been most cooperative and helpful in acquainting the public during the year with Pharmacy's many contributions and services to the public, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the proper officials of these news media.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the Secretary be directed to prepare and transmit a suitable resolution of appreciation and thanks to participants of the Atlantic City meeting and to those organizations and contributors who made special contributions to the success of the program and entertainment.

The following resolution previously withheld was presented for discussion:

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it does not believe that it is in the best interest of the patient, the physician or the pharmacist, for the label of a prescription to include the name of the ingredient or ingredients, except for very unusual medical reasons, and

BE IT THEREFORE RESOLVED, that a copy of this resolution be forwarded to the Medical and Chirurgical Faculty of Maryland.

Mr. Schnaper stated he did not believe that it was in the public interest not to put the name of the drug on the label. He said that the resolution was not in the public interest or the interest of the physician or patient and that arguments that ingredient labeling would increase self-medication are specious and distorted reasoning.

Mr. Morgenroth pointed out because this same resolution had been passed the previous year and the matter referred to the Pharmacy Liaison Committee of the Medical and Chirurgical Faculty, the resolution should be withdrawn. However, after considerable discussion, the resolution was approved upon motion of the Chairman.

After discussion the word "professional" was eliminated before the word "sample" in the following resolution, which was then adopted as follows:

WHEREAS, a serious health hazard is created when legend drugs, including samples, become available to the public without professional supervision, and

WHEREAS, the uncontrolled and indiscriminate distribution of samples of such drugs increases such hazard,

BE IT RESOLVED, that the Maryland Pharmaceutical Association (1) condemns the illicit distribution of legend drugs in

sample form or otherwise, (2) urges manufacturers to exercise adequate controls over the distribution of legend drug samples by professional representatives and by other means, and (3) commends those manufacturers who have adopted programs requiring strict accountability on the part of their professional representatives, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Pharmaceutical Manufacturers' Association.

Dean Foss then moved for adoption of the resolutions as a whole. Seconded and passed.

OLD BUSINESS

1. Report on Medical Care

Gordon A. Mouat

**Chairman, Pharmacy Services Committee, State Council
on Medical Care**

Mr. Mouat reported that as a result of the efforts of the pharmacy representatives, pharmacy services of \$1.00 and \$2.00 (in place of .50-.70-1.00 and 2.00) was approved by the State Board of Health. However, the funds including additional amounts for physicians, etc., required were not put in the budget by the Governor. Pharmacists worked together with other medical groups, physicians, and nursing homes in an unprecedented combined effort, and were the only group successful in obtaining additional funds in the Governor's supplemental budget. As a result of meetings with the Governor, the sum of \$194,200 in added funds were obtained by pharmacy to increase the prescription fee schedule to .70-.90-1.00-2.00, effective July 1, 1965. This brought the average fee for pharmacy services from 91c to 99c in the county program and from 79c to 93c for the Baltimore City program.

The State Council of Medical Care this year again approved the \$1.00 and \$2.00 fee schedule for 1966-67. This requires an additional \$255,000 for increased fees on top of the \$194,200 appropriated for 1965-66. This will bring average fees up from 99c to \$1.19 in the counties and from 93c to \$1.07 for Baltimore. This schedule now rests for approval with the State Board of Health. A suggested \$1.25 single average fee for medical care prescriptions had been recommended by the Pharmacy Services Committee, but was not approved by the State Council on Medical Care because it would have required an added \$190,000 over the \$255,000 additional for the \$1.00-\$2.00 schedule, for a total of \$445,000. The Council felt that this would not receive a favorable reception by authorities on top of the recent increase.

Mr. Mouat asserted that pharmacy had received the greatest consideration of all medical groups during the past year and that a coordinated effort during the coming year was again required in order to obtain final approval of the requested increase.

2. Report of Legal Counsel

REPORT OF LEGAL COUNSEL

Joseph S. Kaufman

Mr. Kaufman reviewed the legislative proposals introduced in the state legislature. He commented on the difficulties resulting when some elements and individuals within pharmacy disagree with the program sponsored by the Association agreed upon by all organizations within pharmacy and oppose it. He suggested that some proposals be modified and that increased efforts be made to secure the endorsement of all groups and interests within pharmacy.

President Weiner at this point recognized the presence of Secretary Emeritus Melville Strasburger.

The President then recognized Mr. Simon Solomon, who commented that if all supported the President, Executive Secretary and Executive Committee in carrying out the recommendations of legal counsel, it would result in progress in achieving the Association's goals.

NEW BUSINESS

1. REPORT OF NOMINATING COMMITTEE

William A. Cooley, Chairman

The Committee held three meetings during the past year. Recommendations requested from the local associations were considered in arriving at the following slate, which is submitted for approval:

Officers

Honorary President—Melville Strasburger, Baltimore
President—Alexander J. Ogrinz, Jr., Baltimore
First Vice President—Morris R. Yaffee, Rockville
Second Vice President—Milton A. Friedman, Baltimore
Third Vice President—Stephen J. Provenza, Baltimore
Fourth Vice President—Samuel Wertheimer, Cumberland
Secretary Emeritus—Melville Strasburger, Baltimore
Treasurer—Morris Lindenbaum, Reisterstown

Executive Committee

Solomon Weiner, Chairman

1st District—Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester

I. Earl Kerpelman, Salisbury
Thomas M. Payne, Easton

2nd District—Baltimore City, also Baltimore, Harford, Anne Arundel and Howard Counties.

Donald O. Fedder, Dundalk
Sam A. Goldstein, Baltimore
Irvin Kamenetz, Baltimore
Bernard B. Lachman, Baltimore

Nicholas C. Lykos, Timonium
Jerome Mask, Dundalk
Victor H. Morgenroth, Jr., Baltimore
Ferdinand F. Wirth, Jr., Baltimore

3rd District—Calvert, Charles, Montgomery, Prince Georges
and St. Marys.

William L. Brunnett, Riverdale
Harold M. Goldfeder, Riverdale
Morton J. Schnaper, Bethesda
Herman Taetle, Silver Spring

4th District—Carroll, Frederick and Washington
Curtis A. Bowen, Frederick
Jay E. Levine, Hagerstown

5th District—Allegany and Garrett
William A. Cooley, Cumberland
Francis L. Judy, Cumberland

Executive Committeemen-At-Large

Simon Solomon
H. Nelson Warfield

Ex-Officio Members

Francis S. Balassone
Noel E. Foss
Gordon A. Mouat

President Weiner called for nominations from the floor. There were none and Mr. Yaffe moved that nominations be closed. The motion was seconded and passed. The Secretary was directed to cast a unanimous ballot for the slate of officers and Executive Committee as presented by the Nominating Committee. The Secretary so cast a ballot.

For appointment to the Maryland Board of Pharmacy the Nominating Committee recommended the following list of nominees for the position held by Arthur C. Harbaugh of Hagerstown, whose term will expire April 30, 1966:

MORRIS R. YAFFE, Rockville
WILLIAM L. BRUNETT, Riverdale
N. W. CHANDLER, Landover Hills

Upon motion of Mr. Morgenroth, seconded by Mr. Block, the nominees for vacancy on the Board of Pharmacy were approved.

2. ANNUAL TREASURER'S REPORT

Mr. Goldfeder moved that the Annual Treasurer's Report be on a calendar basis, Seconded and passed. It was pointed out that this will conform to the dues and budget which are now on a calendar year basis.

3. "COST OF FILLING A PRESCRIPTION" SURVEY

The decision of the Executive Committee in appropriating "up to \$12,000" for a survey was reviewed. Mr. Mouat pointed out that such a survey was now of no interest to the State Board of Health or the Budgeting Department.

Mr. Norman J. Levin moved to rescind the motion of the Executive Committee authorizing the expenditure of \$12,000 for a "Cost of Filling A Prescription" Survey. Seconded by Mr. Morgenroth and passed.

Mr. Fedder spoke of the extreme importance of having such a survey made as it would provide valuable management guidance in the area of prescription practice in addition to other uses such as for medical care pharmacy services consultations. Mr. Fedder moved that the association authorize a survey to determine the "Cost of Filling A Prescription" in Maryland. Seconded and passed.

Mr. Frank Macek commended the Resolutions Committee for the resolutions in honor and memory of MPA past presidents, Lloyd N. Richardson and Frank L. Black. He expressed the hope that the Resolutions Committees in the future would remember the work of past presidents.

Upon the motion of Mr. Morgenroth, duly seconded, a rising vote of thanks was given to President Weiner on the completion of a successful year.

President Weiner thanked the officers, committees, wholesalers, manufacturers and others who helped make the Convention a success. He also commended T.A.M.P.A. and L.A.M.P.A. for their cooperation and efforts.

The 83rd Convention was adjourned at 12:40 P.M.

BANQUET

Thursday, July 1, 1965

The Annual Banquet was preceded by a Social Hour provided through the courtesy of the following drug wholesalers: Calvert Drug Company, The Henry B. Gilpin Company, the Loewy Drug Company and Muth Brothers and Company.

The invocation was offered by Rabbi Seymour Rosen, Temple Emeth Shalom, Margate, New Jersey. He was introduced by Chairman Alexander J. Ogrinz, Jr.

Following dinner, Chairman Ogrinz greeted the Banquet and expressed his appreciation for the cooperation and efforts of his committee in insuring a most successful and enjoyable convention for all. The Chairman then presented the Toastmaster of the evening, Martin Rochlin, Vice President of Loewy Drug Company, and an affiliate member of MPA.

Mr. Rochlin introduced the guests seated at the head tables and others seated in the audience. The Toastmaster then presented

President Solomon Weiner, who brought greetings to the members and guests on behalf of the Association as follows: "I am delighted to see all of you present this evening at the conclusion of this wonderful Convention. On behalf of the Association, I wish to express my appreciation to Chairman Ogrinz and the Convention Committee for the fine Convention program and entertainment.

"It is difficult to individually thank all who have made the Convention a success. I do wish to thank TAMPA, under Al Callahan and Herman Bloom, for their great efforts on behalf of the Convention. My thanks also to the ladies of LAMPA, the wholesalers and manufacturers who did so much for this important Association project.

"My appreciation also goes to Secretary Gruz and his staff for their devoted efforts and many hours that go into the arrangements for the Convention.

"I am sure that all of you have found the Convention informative and entertaining.

"It has been a great honor and privilege to have served as your president. Thank you."

President Weiner then presented a plaque to John C MacFarlane, president of Youngs Drug Products Corporation, with the following citation:

"John C. MacFarlane, the man we are honoring tonight, is a native of New York City. Following Navy service and graduation from Cornell University, he joined the Youngs Rubber Corporation in 1947 as a salesman.

"He was promoted to Purchasing Manager, Export Manager and Vice President in charge of Sales for the Youngs Rubber Corporation, and remained in that position until December 1956.

"When the founder and president, Merle L. Youngs, retired in 1956, Mr. MacFarlane was made President of the company. As President of the Youngs Rubber Corporation, he furthered the pioneer policy of drugstore-only prophylactic distribution as originally established by the founder, Merle L. Youngs.

"Under the guidance of Mr. MacFarlane, the Youngs Rubber Corporation recently successfully defended a \$30 million dollar lawsuit which threatened pharmacy prophylactic laws. After more than three years of litigation, the United States District Court at Chicago dismissed the lawsuit which was brought against the Youngs Rubber Corporation by Paul Paradise, doing business as National Sanitary Sales, and National Sanitary Sales, Inc., as plaintiffs. The complaint had alleged violation of the Sherman and Clayton Antitrust Acts and was based on Youngs' pioneer policy of advocating drugstore prophylactic laws and reporting their violations to law enforcement agencies through public, civic, and pharmaceutical authorities and organizations; the plaintiffs had sought judicially to restrain this activity.

"The complaint had also particularly asserted that the defendant Youngs had been instrumental in advocating the successful passage of numerous state laws and municipal ordinances prohibiting the sale of prophylactics in other than drugstores.

"In 1964, Mr. MacFarlane received two additional national honors and awards for his support and contributions in the field of pharmacy.

"As a result of introducing new Drugstore only 'Up Front' items, on September 14, 1964, the name of the company was changed to Youngs Drug Products Corporation. Mr. MacFarlane stated 'the policy remains the same, only our name has changed.' Mr. MacFarlane and the Youngs Drug Products Corporation have always been active in their support of Pharmacy, on every front.

"It is a great pleasure, as well as privilege, therefore, to present this plaque to you, Mr. MacFarlane, on behalf of the Maryland Pharmaceutical Association, in recognition of the policies which you advocate and practice in behalf of pharmacy and public health."

Toastmaster Rochlin then called upon Milton A. Friedman, on behalf of the Pharmacy Week Committee, to make the following Maryland 1964 National Pharmacy Week Window Display Contest awards of inscribed plaques:

FIRST PRIZE—Morris L. Cooper, Cooper's Drug Store, Park and North Avenues, Baltimore.

SECOND PRIZE—Aaron M. Libowitz, Libby's Rexall Drug Store, 4901 Belair Road, Baltimore.

THIRD PRIZE—John Thomas, Thomas & Thompson, Baltimore and Light Streets, Baltimore.

President Weiner discharged the 1964-65 officers and Executive Committee with his acknowledgment of their contribution to the effectiveness of the Association.

President-elect Alexander J. Ogrinz, Jr. was installed as President of the Association by Mr. Weiner. The other officers and Executive Committee for 1965-66 were then installed.

President Ogrinz then delivered the following message:

"It is with a feeling of joy mixed with humility that I look forward to this coming year—the year which all the members made possible by electing me to the plateau of the presidency of this association.

My acceptance of this honor carries with it the promise that I intend to serve the Maryland Pharmaceutical Association with every resource at my command in order to achieve the objectives of the pharmacists of this State. I would like to take this opportunity to reiterate a few of the most important of these.

Firstly, the legislative program should result in two essential laws: one that will give the Maryland Board of Pharmacy the power to appeal adverse lower court decisions and one which will give

regulatory powers to the Board. If pharmacy is to advance, extremely high priority must be given to turning these two bills into law during the coming session of the Maryland General Assembly.

In addition to these legislative objectives, there are two extremely important ones with which the Health & Welfare Committee has been charged: that of developing a sound prepaid prescription insurance program which will not abdicate the rights of the pharmacist, and the promotion of a positive program which will give the Maryland pharmacist a voice in the deliberations concerning the requirements of pharmaceutical services which are compensated by governmental agencies.

It goes without saying that all committee work is paramount in an organization such as ours, but it must be stressed that an intense involvement in these legislative matters at the formulative stages is essential if we are to transmit a proud pharmaceutical heritage to those who will follow.

I would like to take this opportunity to express my satisfaction in the knowledge that the support of the Ladies Auxiliary and the Travelers Auxiliary is always available to the Maryland Pharmaceutical Association and wish to assure them that our Association will be making a concerted effort to promote their aims and objectives, as well."

As his first official act, President Ogrinz presented the Past President's plaque to retiring President Solomon Weiner. Mr. Philip Levin, President of the Loewy Drug Company, presented the Loewy plaque and gavel to President Alexander J. Ogrinz, Jr.

On behalf of TAMPA, retiring President Alfred E. Callahan introduced the new officers and board members of the auxiliary.

President Ruth Levin of LAMPA introduced the officers and Executive Board of the ladies organization.

Appreciation was expressed to the following for their part in assuring the success of the Convention: John A. Crozier and the Calvert Drug Company for daily bulletins, The Henry B. Gilpin Company for providing morning newspapers daily, Hendler and Bordens for ice-cream at the pool, the wholesalers—Calvert, Gilpin, Loewy and Muth—for the cocktail party, Youngs Rubber for a cocktail party, Paramount Photo Service for taking pictures throughout the Convention and F. A. Davis, Daniel Loughran, and General Cigar for cigars.

The many generous contributions to the convention were acknowledged and prizes were drawn.

The benediction was pronounced by Rabbi Rosen.

The 83rd Annual Convention came to a most enjoyable conclusion and was adjourned at 10 P.M.

T.A.M.P.A.

The officers and members of the Maryland Pharmaceutical Association take this opportunity in the Annual Proceedings Issue of the Maryland Pharmacist to acknowledge their appreciation to the Travelers Auxiliary for assuring the success of the MPA Convention. TAMPA is a tradition at every Annual Meeting of the MPA.

The officers and committees of TAMPA exerted every effort in assisting the Association in its program of entertainment and co-operated in every way possible.

In addition, TAMPA members manned the registration desk, undertook many other responsibilities, and provided congenial fellowship.

OFFICERS ELECTED 1965-66

At the Forty-Ninth Meeting of the TAMPA

Hotel Dennis, Atlantic City, New Jersey

June 28, 29, 30, July 1, 1965

Honorary President—Dorsey Boyle

President—Herman J. Bloom

First Vice President—Frederick H. Plate

Second Vice President—William A. Pokorny

Third Vice President—Howard Dickson

Secretary-Treasurer—John A. Crozier

Assistant Sec.-Treas.—William L. Grove

DIRECTORS

Chairman—Alfred E. Callahan

FOR ONE YEAR

FOR TWO YEARS

FOR THREE YEARS

John D. Davidson

Joseph A. Costanza

Albert J. Binko

Kenneth L. Whitehead

Leo (Doc) Kallejian

Abrian Bloom

Robert A. Williams

George H. A. Kommalan

Francis J. Watkins

Maryland Pharmacist Committee

Joseph J. Hugg, Chairman

Bernard Ulman

Paul Friedel

"TAMPA PALACE" EXTRAVAGANZA—1965

Tuesday, June 29, 1965

Director—Herman Bloom; Chorus—Bernard Ulman, Jr.; Program John A. Crozier; Stage Crew—Joe Muth, Lights; Fred Plate, Props; Dave Smith, Sound.

CHORUS-GIRLS: Ruth Callahan, Lee Cooper, Sadye Friedman, Maddy Hugg, Alice Kallejian, Arlene Padussis, Betty Read. BOYS: Al Callahan, John Cornmesser, George Euler, Al French, Sheeler Read, Larry Rorapough, Wilson Spilker.

FEATURES

Master of Ceremonies—Joe Hugg

Opening Medley Chorus

Blackout Jeff Rockman, Joe Grubb, Doc Kallejian

Song Imitations	Howard Dickson
Blackout	Doc Kallejian & Co.
Musical Trio	Owens Sisters
Blackout	Jeff Rockman, Joe Grubb, Betty Read
Barber Shop Quartet ..	S. Read, A. Callahan, L. Rorapough, W. Spilker
Intermission	Mel Asch
(Not Really)	Jeff & Lou Rockman
Violin Solo	Herman Bloom
Blackout	Jeff Rockman, Joe Grubb
Madame Butterfly	Charlotte Dickson
Blackout	Doc Kallejian & Co.
Tampests	H. Dickson, B. Nelson, F. Watkins
Grand Finale	Entire Company

L.A.M.P.A.

The appreciation of the Maryland Pharmaceutical Association is also extended to the Ladies Auxiliary for the vital role they played in insuring the social success of the Convention.

The M.P.A. always looks forward to L.A.M.P.A.'s actively participating in the Convention and other functions of the Association.

L.A.M.P.A. OFFICERS FOR 1965-66.

Officers

Honorary President—	Mrs. Samuel I. Raichlen
President—	Mrs. Milton A. Friedman
1st Vice President—	Mrs. Frank J. Slama
2nd Vice President—	Mrs. Morris R. Yaffe
3rd Vice President—	Mrs. Harry L. Schrader
Recording Secretary—	Mrs. Noel E. Foss
Corresponding Secretary—	Mrs. Richard R. Crane
	6007 Eurith Ave., Baltimore, Md. 21206
Treasurer—	Mrs. Albert Rosenfeld
Membership Treasurer—	Mrs. Morris L. Cooper

Directors

Mrs. Norman J. Levin, Chairman	
Mrs. Frank Block, Historian	
Mrs. Charles E. Spigelmire	Mrs. Morris R. Yaffe
Mrs. John G. Cornmesser	Mrs. George M. Schmidt
Mrs. Joseph Hugg	Mrs. Henry J. Glaeser, Jr.
Mrs. Leo Bloom	Mrs. Howard L. Gordy
Mrs. Irving I. Cohen	Mrs. William A. Cooley

In Memorium

ARTHUR F. ANTHONY	JACOB KRAKOWER
JESSE C. BANKARD	ARNOLD LAWSON
RAYMOND M. BELL	ISRAEL MILLER
FREDERICK T. BERMAN	ISRAEL NISS
FRANK. L. BLACK	JOHN J. O'HARA
FRANK N. BRITCHER	JAMES A. I. PARKER
HARRY L. CARMEL	HARRY J. PAUL
CLIFTON CHAIRES	WILLIAM A. PURDUM
JANE C. COOPER	GARY P. RANSOM
D. PRESTON CRAMMER	LLOYD N. RICHARDSON
DANIEL DOLGIN	MELVIN H. RUDMAN
HERMAN B. DRUKMAN	MILTON S. SACKS
CHARLES FOLCKEMMER	WILLIAM SEWARD
MICHAEL F. GARDNER	WILLIAM S. SEYMOUR
IRVIN J. GLEIMAN	DAVID SHERRY
FRANK J. GREGOREK	WILLIAM H. SMITH, JR.
LOUIS W. INGBER	LARMAR J. STILLWAGON
ANDREW J. ITZOE	JOHANN M. THAL
WALTER V. JACKSON	J. WEST THOMPSON
WILLIAM H. KAMMER	DAVID TOURKIN
FREDERICK J. KIMSEY	THOMAS M. WHALEY
HAROLD C. KINNER	LOUIS H. WITZKE

COMMITTEES
MARYLAND PHARMACEUTICAL ASSOCIATION
 1965 - 1966

Social Committee: Morris R. Yaffe, Rockville, Chairman; Milton A. Friedman, Co-Chairman; Solomon Weiner; Herman J. Bloom; Frederick H. Plate; John A. Crozier; Mrs. Milton A. Friedman; Mrs. Frank J. Slama; Mrs. Morris R. Yaffe, Rockville; L. Scott Grauel; Joseph L. Muth; Martin Rochlin; Mrs. Lynn D. Tanner, Jr., Aberdeen; Jerome A. Stiffman; Halcolm S. Bailey, Ocean City; Howard L. Gordy, Salisbury; H. Sheeler Read; Gordon A. Mouat; Frederick F. Wirth, Jr.; Samuel Wertheimer, Cumberland.

Building Committee: Sam A. Goldstein, Chairman; Irving I. Cohen, Co-Chairman; Gordon A. Mouat; Frank J. Macek; Harry L. Schrader; Charles E. Spigelmire.

Pharmacy Economics Committee: Nicholas C. Lykos, Timonium, Chairman; Jerome A. Stiffman, Co-Chairman; Alfred Schwartzman; George W. Wagner, Westernport; Philip N. Vodenos, Timonium; Louis L. Glaser, Dundalk; Stanley J. Yaffe, Odenton; Gerald Y. Dechter, Silver Spring; William S. Karr, Carney; Robert J. Kelly, Royal Oak; George M. Schmidt, Cecilton; Herbert Damazo, Frederick; Francis L. Judy, Cumberland.

School of Pharmacy Committee: Irving I. Cohen, Chairman, James P. Cragg, Jr., Co-Chairman; Gordon A. Mouat; Samuel I. Raichlen; Jacob H. Sapperstein, Cockeysville; Paul R. Bergeron, II, Hyattsville; Aaron M. Libowitz; Thomas J. Hayman, Salisbury.

Professional Relations Committee: Stephen J. Provenza, Chairman; Wilfred H. Gluckstern, Co-Chairman; H. Nelson Warfield; Arnold Davidov; Phillip P. Weiner; Irving Freed; Samuel J. Sheller; Aaron M. Libowitz; Jay E. Levine, Hagerstown; Morris L. Cooper; George J. Stiffman; Reese E. Whitesell, Frederick; A. Wayne Braden, Silver Spring; Victor H. Morgenroth, Jr.; Robert F. Tomsco, LaVale; Charles E. Spigelmire; Jerome L. Fine, Randallstown; Richard D. Baylis, Laurel; Albert M. Silverman.

Legislative Committee: Jerome Mask, Chairman; Samuel Wertheimer, Cumberland, Co-Chairman; Simon Solomon; I. Earl Kerpelman, Salisbury; Max A. Krieger; Aaron M. Libowitz; Gregory W. A. Leyko; Donald O. Fedder, Dundalk; Frank Block; William Les Brunnett, Riverdale; Earl R. Ross; Victor H. Morgenroth, Jr.; Marvin Freedenberg, Hyattsville; Herman Taetle, Silver Spring; Harold M. Goldfeder, Riverdale; Howard L. Gordy, Salisbury; Norman J. Levin, Pikesville; Stuart Friedel; Bernard B. Lachman.

Membership Committee: Milton A. Freedman, Chairman; Stephen J. Provenza, Co-Chairman; Morris R. Yaffe, Rockville; Thomas M. Payne, Easton; Godfrey D. Kroopnick; Henry J. Glick, Cumberland; Harry Bass; John F. Fader, II; Aaron Kadish; Thomas H. Keller; Joseph U. Dorsch; Nelson G. Diener; George J. Stiffman; Charles E. Spigelmire; Hyman Davidov; Fern E. Kenny, Cumberland; Paul Reznak, Beltsville; William C. Chatkin, Hagerstown; Jay E. Levine, Hagerstown; Samuel Morris, Silver Spring; Robert S. Sinker, Silver Spring; Richard D. Parker, Silver Spring; Philip Richman, Annapolis; Curtis A. Bowen, Frederick; Jerome Mask, Dundalk; Joseph H. Morton; John J. Engberg, Salisbury.

Finance Committee: Gordon A. Mouat, Chairman; Norman J. Levine, Pikesville, Co-Chairman; John F. Neutze; Morris Lindenbaum, Reisterstown; Charles E. Spigelmire; Anthony G. Padussis.

Public Relations Committee: Charles E. Spigelmire, Chairman; Bernard B. Lachman, Co-Chairman; Milton A. Friedman; Paul Reznak, Beltsville; Irving Freed; Edwin Whittemore; Jerome L. Fine, Randallstown; Jacob L. Kronthal; Thomas J. Hayman, Salisbury; Christopher A. Rodowskas; Mrs. Rebecca H. Davis; Henry J. Glick, Cumberland; Francis L. Judy, Cumberland.

Fair Trade Committee: Simon Solomon, Chairman; Herman Taetle, Silver Spring, Co-Chairman; Abraham B. Schapiro; Mrs. Ruth M. Klingel; Jerome Mask; Elwin H. Alpern, Odenton; A. Lester Batie, Laurel; David I. Estrin, Washington; Harry G. Eisentrout, Jr., LaVale; William J. Appel, Easton; Lynn Sheetz, Cumberland; L. H. Kraus, Jr., Salisbury.

Publications Committee: Benjamin F. Allen, Chairman; Paul Reznec, Beltsville, Co-Chairman; B. Olive Cole; Samuel Morris, Silver Spring; Herman M. Kling; John A. Crozier.

Pharmacy Committee: Morton J. Schnaper, Bethesda, Chairman; James P. Cragg, Jr., Co-Chairman; Wilfred H. Gluckstern; Harold P. Levin; Phyllis W. Brill; Richard L. Pfrogner, Cumberland; Lloyd W. Lohmeyer, Crisfield; Henry J. August, Thurmont; Curtis A. Bowen, Frederick; Irving Myers; Irvin Kamenetz; Morris R. Yaffe, Rockville; Richard D. Parker, Kensington; Isadore Feinstein; Arnold L. Blaustein, Hagerstown.

Nominating Committee: Solomon Weiner, Chairman; William A. Cooley, Cumberland; Victor H. Morgenroth, Jr.; Norman J. Levin, Pikesville; Harold M. Goldfeder, Riverdale; Gordon A. Mouat; Frank Block.

Resolutions Committee: Noel E. Foss, Chairman; Simon Solomon, Co-Chairman; Francis S. Balassone; Bernard B. Lachman; Samuel Wertheimer, Cumberland; Frank Block; Aaron M. Libowitz; Robert S. Sinker, Silver Spring; Milton E. Zentz.

Civil Defense and Disaster Survival Committee: Robert S. Sinker, Silver Spring, Chairman; Jerome Block, Co-Chairman; Melvin Chalet, Adelphi; Milton Sarubin; Sydney G. Weinberg; Irvin L. Kamanitz, Salisbury; Henry W. Lawlor, LaPlata; James B. Ortt, Easton; Noel J. Bosch, Pikesville; William J. Maczis; Elmer R. Kellough, Jr., Cumberland; Robert J. Martin, LaVale; Jerome Newman, Havre de Grace; Samuel P. Jeppi.

Grievance Committee: Frank Block, Chairman; District No. 1: William J. Appel, Easton; George M. Schmidt, Cecilton; District No. 2: Charles A. Nitsch; Sam A. Goldstein; District No. 3: N. W. Chandler, Landover Hills; Dominic Vicino, Mt. Rainier; District No. 4: Henry J. Glaeser, Jr., Manchester; Robert V. Mercer, Frederick; District No. 5: Clinton W. Englander, Oakland; William A. Cooley, Cumberland.

Constitution & By-Laws Committee: Victor H. Morgenroth, Jr., Chairman; Norman J. Levin, Co-Chairman; Aaron M. Libowitz; Frank Block; Francis S. Balassone; Harold M. Goldfeder, Riverdale; Morton J. Schnaper, Bethesda; Philip D. Lindeman, Salisbury; Samuel Wertheimer, Cumberland; Frederick F. Wirth, Jr.; Frank J. Slama.

Auditing Committee: Charles E. Spigelmire, Chairman; Joseph U. Dorsch, Co-Chairman; Morris Lindenbaum, Reisterstown; Frank J. Macek; Sam A. Goldstein; Morris Bookoff.

Swain Seminar Committee: James P. Cragg, Jr., Chairman; Noel E. Foss, Co-Chairman; Irving I. Cohen; Simon Solomon; Francis S. Balassone; Bernard B. Lachman; Gordon A. Mouat; Philip R. Karn, Sr., Lutherville; H. Nelson Warfield; Paul Freiman; Harold M. Goldfeder, Riverdale; Henry G. Seidman; Isador Raichlen; Dr. John C. Krantz, Jr.; Robert J. Kokoski.

Political Information Committee: Morris R. Walman, Chairman; C. Robert Welsh, Ocean City, Co-Chairman; Harry R. Wille; Gregory W. R. Leyko; Marvin Freedenberg, Hyattsville; Alfred H. Alessi; Donald Aronson, Annapolis; Samuel S. Blumson; Andrew T. Cavacos; David E. Banks; L. Patrick Dougherty, Frederick; Alfred Abramson; Harold P. Levin.

Insurance & Pension Committee: Norman J. Levin, Pikesville, Chairman; Morris Lindenbaum, Reisterstown; Ferdinand F. Wirth, Jr.; Walter E. Albrecht, Linthicum Heights; Maurice T. Cummings, Pasadena; Alexander M. Mayer.

Simon Solomon Pharmacy Economics Seminar Committee: Milton A. Friedman, Chairman; Joseph H. Morton, Co-Chairman; Nicholas C. Lykos, Timonium, Co-Chairman; Aaron M. Libowitz; Harold P. Levin; Harold M. Goldfeder, Riverdale; I. Earl Kerpelman, Salisbury; William L. Pearlman; Francis L. Judy, Cumberland; Marvin Freedenberg, Hyattsville; William A. Morgenstern, Jr., Woodlawn; Isador Raichlen; Joseph Cohen; John A. Crozier; L. Scott Grauel; Joseph L. Muth; Martin Rochlin; Maurice Wiener; Bernard R. Lachman; Donald O. Fedder, Dundalk; Joseph U. Dorsch; Richard D. Parker, Silver Spring; Carroll P. Marinelli; Marion Shalowitz. Suitland; James F. Salmon, Hagerstown.

Health and Welfare Committee: Donald O. Fedder, Dundalk, Chairman; Victor H. Morgenroth, Jr.; Gordon A. Mouat; Walter E. Albrecht, Linthicum Heights; Morris R. Yaffe, Rockville; William A. Cooley, Cumberland; Bernard B. Lachman; William J. Appel, Easton; Aaron M. Libowitz; Ex-Officio: Francis S. Balassone; Dean Noel E. Foss; Harold M. Goldfeder, Riverdale.

Student Aid and Scholarship Committee (Joint Committee with the Alumni Association, University of Maryland, School of Pharmacy): Samuel I. Raichlen, Chairman; James P. Cragg, Jr., Vice-Chairman; Francis S. Balassone; B. Olive Cole; Nathan I. Gruz; Robert J. Kokoski; Aaron M. Libowitz; Morris Lindenbaum, Reisterstown; Morris R. Yaffe, Rockville; H. Nelson Warfield.

COMMITTEE FUNCTIONS

Social Committee:

To recommend a convention site to the Executive Committee.
To promote the convention generally: Contributions, entertainment, attendance, publicity.

Building Committee:

To inspect the Kelly Memorial Building and grounds. To recommend repairs, maintenance and improvements.

Pharmacy Economics Committee:

To review policies of manufacturers and wholesalers; to improve understanding between pharmacy practitioners, manufacturers and wholesalers; to recommend policies based upon development in management and economics.

School of Pharmacy Committee:

To assist the School of Pharmacy, University of Maryland in promoting the School and forming a close relationship between the Faculty, Student Body and members of the Association.

Professional Relations Committee:

A liaison between Pharmacy, Dentistry and Medicine. To encourage closer and better relations between these professions.
To foster meetings to discuss problems of common interest.
To promote better intra-professional relations.

Legislative Committee:

To study all legislation affecting Pharmacy—local, state and federal. To take an active part in preventing harmful legislation and seeking beneficial legislation. To attend legislative sessions and hearings and participate in them if necessary.

Membership Committee:

To devise ways and means of improving the membership in the Association both numerically and qualitatively. Active participation to bring this about by mailing bills and calling on both delinquent and prospective members.

Finance Committee:

To study the financial needs of the Association for efficient operation. To prepare a budget and to recommend addition or deletion of expense items.

Auditing Committee:

To examine the books of the Association after the annual audit has been made.

Public Relations Committee:

To promote pharmacy through various media—radio, television, newspapers, so that the public will have a better understanding and appreciation of pharmacists and Pharmacy.

Fair Trade Committee:

To support legislation on both a State and National level pertaining to Fair Trade.

Publications Committee:

To examine the Maryland Pharmacist, official publication of the Maryland Pharmaceutical Association. To make editorial contributions, obtain advertisers and improve the publication generally.

Pharmacy Week Committee:

To assist the American Pharmaceutical Association in promoting National Pharmacy Week. To encourage participation in retail, hospital, school and public exhibits. To provide suitable awards.

Pharmacy Committee:

To promote professional Pharmacy and the good practice of Pharmacy.

Civil Defense & Disaster Survival Committee:

To cooperate with Civil Defense agencies to assure proper pharmaceutical services are provided and maintained in civil, military and disaster emergencies.

Grievance Committee:

To reconcile public, interprofessional, and/or intraprofessional complaints brought against the practitioners of Pharmacy.

Resolutions Committee:

To gather and prepare resolutions for presentation at the annual Convention.

Nominating Committee:

To present a slate of officers, executive committee and nominees for the Maryland State Board of Pharmacy to the annual convention for election as stated in the Constitution of the Association.

Executive Committee:

The governing body of the Association as stated in the Constitution.

Robert L. Swain Pharmacy Seminar Committee:

To plan and conduct the educational and information program of the annual Pharmacy Seminar, which serves as a perpetual memorial in recognition of Dr. Robert L. Swain.

Constitution & By-Laws Committee:

To study and review the Constitution and By-Laws and any proposed revisions or additions and to report recommendations as to amendments to the Executive Committee.

Simon Solomon Pharmacy Economics Seminar Committee:

To plan and conduct the Annual Simon Solomon Pharmacy Economics Seminar designed to improve understanding in management and economics and to honor Mr. Simon Solomon.

Health & Welfare Committee:

To advise the Association on developments in governmental programs in the health and welfare fields, particularly as they affect pharmaceutical services.

ARTICLES OF INCORPORATION

Know all men by these presents, That we, M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith, Columbus V. Emich, Albion J. Corning, John T. Thomsen, D. C. Auginbaugh, Edwin Eareckson, William Simon and J. Walter Hodges, being citizens of the United States, and a majority of whom are citizens of the State of Maryland, do hereby certify that we do, under and by virtue of the General Laws of this State, authorizing the formation of corporations, hereby form a corporation under the name of "The Maryland State Pharmaceutical Association of Baltimore City."

We do further certify, that the said corporation, so formed is a corporation for the purpose of bringing together the reputable Pharmacists, Chemists and Druggists of the State, that they may by thorough organization and united effort advance the science of Pharmacy, promote scientific research, and in the interest of the public strive to have enacted just, stringent laws, to prevent the adulteration of food and medicines, and to confine the compounding and sales of medicines to regularly educated Pharmacists; that the term of existence of said corporation is limited to forty years; and that the said corporation is formed upon the articles, conditions and provisions herein expressed, and subject in all particulars to the limitations relating to corporations, which are contained in the General Laws of this State.

We do further certify, that the operations of said corporation are to be carried on in the State of Maryland, and that the principal office of the said corporation will be located in Baltimore City.

We do further certify that the said corporation has no capital stock.

We do further certify that the said corporation will be managed by the officers, and that the said M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith and Columbus V. Emich are the names of the Officers who will manage the concerns of the said corporation for the first year.

IN WITNESS WHEREOF, We have hereunto set our hands and seals this twenty-sixth day of November, in the year eighteen hundred and eighty-nine.

M. L. BYERS	(Seal)	COLUMBUS V. EMICH	(Seal)
DAVID M. R. CULBRETH, M. D.	(Seal)	JOHN T. THOMSEN	(Seal)
JOSEPH B. GARROTT	(Seal)	D. C. AUCHINBAUGH	(Seal)
E. M. FOREMAN	(Seal)	EDWIN EARECKSON	(Seal)
JOHN W. GEIGER	(Seal)	WILLIAM SIMON	(Seal)
SAMUEL MANSFIELD	(Seal)	J. WALTER HODGES	(Seal)
J. CHARLES SMITH	(Seal)	A. J. CORNING	(Seal)

A CODE OF ETHICS

For the guidance of members of this Association and all pharmacies of the State who may wish to follow the higher practice of their profession.

RESPECTING THE PHARMACIST HIMSELF

First—He should, by study, experimentation, investigation and practice, thoroughly qualify himself to fully meet and competently transact the daily requirements of his vocation.

Second—He should possess a good moral character and should not be addicted to the improper use of narcotic drugs nor the excessive use of alcoholic stimulants.

Third—He should constantly endeavor to enlarge his store of knowledge; he should, as far as possible, read current pharmaceutical literature; he should encourage all such pharmaceutical organizations as seen to be helpful to the profession, and so deport himself as not to detract from the dignity and honor of the calling this Association, especially is trying to elevate.

Fourth—He should accept the standards and requirements of the United States Pharmacopoeia and the National Formulary for the articles of *Materia Medica* and the preparations recognized by these publications, and, as far as possible, should promote the use of these and discourage the use of proprietaries and nostrums.

RESPECTING THE PHARMACIST'S RELATION WITH THOSE FROM WHOM HE MAKES PURCHASES

First—He should deal fairly with these, all goods received in error or excess, and all undercharges, should be as promptly reported as are shortages and overcharges. Containers not charged for and not included in the charge of contents should be carefully returned, or, if used should be credited to the party to whom they belong.

Second—He should earnestly strive to follow all trade regulations and rules, promptly meet obligations, closely follow all contracts and agreements, and should not encourage or sanction any division of quantity purchases not contemplated in the terms of sale.

RESPECTING THE PHARMACIST'S RELATION WITH HIS FELLOW-PHARMACIST

First—In this relationship he should, especially, "do as he would be done by." He should not make any comment or use any form of advertisement that will reflect upon a member of the profession, generally or specifically. Nor should he do that which will in any way discredit the standing of other pharmacists in the minds of either physicians or laymen.

Second—He should not obtain, surreptitiously, or use the private formulas of another, nor should he imitate or use another's preparations, labels or special forms of advertising.

Third—He should not fill orders or prescriptions which come to him by mistake. Prescription containers with copies and labels of another phar

macist upon them may be filled by him upon request but he must invariably replace the labels with his own, thereby assuming proper responsibility.

Fourth—He should never request a copy of a prescription from another pharmacist; the owner of the prescription, being alone entitled to a copy, is the proper person to ask for it.

Fifth—He may borrow merchandise from another pharmacist, provided the practice is reciprocal and equally agreeable to both parties; but the better form is to pay a sum for the desired article equal to the cost and half of the profit to be obtained.

RESPECTING THE PHARMACIST'S RELATION WITH PHYSICIANS

First—He should positively refuse to prescribe for customers except in case of urgent emergency.

Second—He should not, under any circumstances substitute one article for another, or one make of an article for another, in a physician's prescription without the physician's consent.

Third—He should refuse to re-fill prescriptions or give copies of them when so instructed by the physician.

Fourth—He should not put advertisement of any kind on prescription blanks furnished to the physician, including the name and address of the pharmacy or pharmacist.

Fifth—He should not place copies of prescriptions upon containers unless ordered to do so by the prescriber, even though the patient should request it. Nor should he use any word or label, like "For External Use," "Poison," "Caution," etc., with due regard for the wishes of the prescriber, provided the safety of the patient and family is not jeopardized.

Sixth—Whenever there is a doubt as to the correctness of the physician's prescription or directions, he should invariably confer with the physician in order to avoid possible mistakes or unpleasantness; changes in prescriptions should not be made without such conference.

RESPECTING THE PHARMACIST'S RELATIONS WITH HIS PATRONS

First—He should seek to merit the confidence of his customers, which, when won, should be jealously guarded and never abused by extortion or misrepresentation.

Second—He should supply products of standard quality only to patrons excepting when something inferior is specified and paid for by them.

Third—He should charge no more than fair, equitable prices for merchandise and prescriptions; but the time required for the proper preparation of prescriptions should be duly considered and paid for.

Fourth—He should hold the safety and health of his patrons to be of first consideration; he should make no attempt to treat disease nor strive to sell nostrums or specifics simply for the sake of profit.

Fifth—He should consider the reckless or continued sale of drugs to habitues and the illicit sale of abortive medicines or poisons to be practices unbecoming a gentleman, a pharmacist and a member of this Association.

CONSTITUTION AND BY-LAWS

Revised and Adopted June 28, 1956

As Amended through July 2, 1964

Preamble

WHEREAS, to promote progress and to guard the well-being of our profession within the State, Pharmacists should be thoroughly organized, and

WHEREAS, the relations existing between Pharmacists, Chemists, Drug Wholesalers and Manufacturers are, and ought to be, of the most intimate and confidential character, and

WHEREAS, there exists great necessity for the enactment of just, and stringent laws in the interest of the public, to guard against the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and dispensing of drugs and medicines to those who are thoroughly competent and duly licensed. Therefore, be it

Resolved, that we, the Pharmacists, Chemists, Drug Wholesalers and Manufacturers of the State of Maryland in convention assembled do hereby organize ourselves into a permanent association and adopt the following Constitution and By-Laws.

CONSTITUTION

ARTICLE I.

This Association shall be known as the MARYLAND PHARMACEUTICAL ASSOCIATION INCORPORATED.

ARTICLE II.

OBJECT OF THE ASSOCIATION:

The object of this Association is to bring together the reputable Pharmacists, Chemists, and Allied Members of the drug industry of the State, that they may, by thorough organization and united effort, advance the science of Pharmacy promote scientific research and, in the interest of the public, strive to have enacted just, and stringent laws conforming to state and federal regulations, and to prevent the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and sale of drugs and medicines to duly educated and licensed pharmacists.

ARTICLE III.

TYPES OF MEMBERSHIP:

Section 1. This Association shall consist of active, associate, affiliate, honorary and life members.

Section 2. RECIPROCAL MEMBERSHIP. The Association may enter into agreements with such pharmaceutical organization approved by the Executive Committee, which are presently or may hereafter be organized within the State of Maryland, for the establishment of reciprocal membership whereby membership in the Association would be a prerequisite for membership in such other organization and likewise membership in such other organization, for those eligible, would be required for membership in the Associations.

Section 3. ACTIVE MEMBERS: Any licensed pharmacist in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one years, shall be eligible to active membership in this Association, upon subscribing to the constitution and by-laws of this Association and payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

Section 4. AFFILIATE MEMBERSHIP: Any person not a licensed pharmacist in the State of Maryland or others who have a proprietary or managerial interest in a drug store or pharmacy; any owner, members of a corporation or executive of an allied business or calling in the State of Maryland, of good moral character and standing, who shall have attained the age of twenty-one, shall be eligible to affiliate membership in this Association, upon subscribing to the constitution and by-laws of this Association, and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 5. ASSOCIATE MEMBERS: Any licensed assistant pharmacist; pharmacy interne; educator; or any person of an allied profession or calling in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one, shall be eligible to associate membership in this Association, upon subscribing to the constitution and by-laws of this Association and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 6. LIFE MEMBERSHIP: Any active member who has paid at least twenty-five years continuous dues, may pay ten years current dues in advance to the Treasurer and shall be a life member. Life members shall have all the rights and privileges of active members, including the right to vote, but are not required to pay the annual dues, thereafter.

Section 7. HONORARY MEMBERS: Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared honorary members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

Section 8. HONORARY LIFE MEMBER. Any active member who has paid at least 35 years continuous dues, and who has achieved a position of merit in the civic or pharmaceutical community by reason of his contributions to the benefit of these communities, may be declared an Honorary Life Member by a 75% vote of the Executive Committee and entitled to all rights and privileges of Life Members, including the right to vote, to hold elective office and be exempt from payment of annual dues.

ARTICLE IV.

OFFICERS AND EXECUTIVE COMMITTEE:

The Officers of this Association shall consist of a President, four Vice-Presidents, an Executive Secretary, a Treasurer, and an Executive Committee composed of representatives of five districts, comprising the State of Maryland. Originally, each district shall have representation based on two members on the Executive Committee for each of the five districts. After adoption of this Constitution, any of the five districts shall be entitled to one extra member on the Executive Committee on the basis of one member for every twenty-five dues paid members in the district. Representation shall not exceed eight members of the Executive Committee from any one district.

In addition, the Association may approve up to two members as recommended by the Executive Committee to serve as Executive Committeemen-at-large.

District 1: Eastern Shore. To include the following counties: Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester.

District 2: Central. To include the following counties: Anne Arundel, Baltimore, Harford, Howard and Baltimore City.

District 3: Southern. To include the following counties: Calvert, Charles, Montgomery, Prince Georges and St. Marys.

District 4: Northern. To include the following counties: Carroll, Frederick and Washington.

District 5: Western. To include the following counties: Allegany and Garrett.

All officers of this Association except the Executive Secretary shall be elected annually by ballot, and shall hold office until their successors are elected and have qualified. The Executive Secretary shall be appointed by the Executive Committee, to serve and act during the term of said Executive Committee.

Ex-Officio members may be elected annually by ballot, to the Executive Committee because of the office they hold. Ex-Officio members to the Executive Committee shall not vote.

The President of the Association shall become a member of the Executive Committee for the year immediately following his term as president, and he shall serve as chairman of the Executive Committee during this period.

ARTICLE V.

AMENDMENT OF CONSTITUTION:

Every proposition to alter or amend this Constitution must be submitted in writing to the Constitution & By-Laws Committee. This Committee will prepare the proposed amendment in the proper form and refer it, with its recommendations, to the Executive Committee for discussion and recommendation.

The proposed amendment will be read with the Executive Committee's recommendation at the next duly constituted meeting of the Association, at which time there may be discussion and revisions of the proposed amendment.

The agreed on version will then lie over until the next duly constituted meeting of the Association, when, upon receiving an affirmative vote of two-thirds of the members present, it shall become part of this Constitution.

ARTICLE VI.

QUORUM:

Twenty-five members shall constitute a quorum for the transaction of business.

BY-LAWS

ARTICLE I.

DUTIES OF THE PRESIDENT:

The President shall preside over all meetings of this Association; he shall decide all questions of order, subject, however, to an appeal. He shall appoint all committees, unless their appointment is otherwise ordered by the Association and shall be ex-officio, a member of the Executive and each standing committee. He shall present at each annual meeting a report and shall make such suggestions as may seem to him suitable to promote the interest and better carry out the objects for which this Association has been organized. He shall authenticate all proceedings by his signature.

ARTICLE II.

DUTIES OF THE OFFICERS:

In the absence of the President, or his inability to act, his duties shall devolve upon the Vice-Presidents in their order of rank.

ARTICLE III.

DUTIES OF THE EXECUTIVE SECRETARY:

The Executive Secretary shall make and keep correct minutes of the proceedings and conduct all the correspondence of the Association. He shall be ex-officio, a member and Secretary of the Executive and each Standing Committee. He shall carefully preserve on file all reports and papers of every description, and it shall be his duty, under direction of the Executive Committee, to edit the Maryland Pharmacist, publish and distribute the Proceedings of the Association, countersign all orders upon the Treasury and shall be paid an annual salary of a sum to be determined by the Executive Committee.

ARTICLE IV.

DUTIES OF THE TREASURER:

The Treasurer shall collect and safely hold all dues and other funds belonging to the Association, to the order of the Executive Committee. He shall report to the Executive Committee the status of membership of the Association. He shall at each Executive Committee meeting render a state-

ment of his accounts showing all income and expenditures. He shall at each annual meeting render a statement of his accounts to the Executive Committee for audit and report a copy of the same to the Association. He shall be ex-officio, a member of the Executive Committee. He shall keep a separate account for the monthly journal, charging all expenses and crediting all receipts, setting out this account separately in his annual report. He shall countersign all orders upon the Treasury.

ARTICLE V.

DUTIES OF THE EXECUTIVE COMMITTEE:

The property and affairs of the Association shall be managed by the Executive Committee, consisting of the President, four Vice-Presidents, the Chairman, who is the immediate preceding president, and members representing the districts of the State as determined in the Constitution. To the extent that the corporation laws of this State permits, the Executive Committee shall be the governing body of the Association and shall have and be entitled to exercise all the power of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association and shall hold office until their successors are elected and have qualified. In case of resignation, removal or death of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new committee member shall hold office until the election and qualification of his successor.

The Executive Committee shall meet at such times and places as the committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the committee.

No member of the Executive Committee shall receive any compensation for his services as such.

Ten members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of the Executive Committee.

ARTICLE VI

MEETINGS:

This Association shall hold its meetings annually at such time and place as the Executive Committee may name and shall give thirty days written notice thereof to the membership. Special meetings shall be called, upon the written application of ten members, directed to the President; said written application before being acted on must be submitted to the Board of Trustees, and receive the approval of a majority of said Board of Trustees, and at least fifteen days notice be given of the time, place and object of meeting in special session. Regional meetings may be held at such place as the President may designate which the officers and chairman of committees especially shall attend.

ARTICLE VII

BOARD OF TRUSTEES:

The officers of the Association shall constitute a Board of Trustees for the transaction of any business that may be intrusted to it.

ARTICLE VIII

FISCAL YEAR:

The fiscal year of this Association shall be the calendar year.

ARTICLE IX.

FINANCIAL ADMINISTRATION:

Section 1. All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee, provided such papers be signed by the Treasurer with the approval of the President or such other officer designated by the President.

Section 2. All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary, after approval shall first have been given by the Executive Committee or designated by the Executive Committee.

Section 3. The Executive Committee shall be empowered to establish dues for membership in the Association.

Section 4. The Executive Committee is authorized to allocate a portion of the annual dues for "Kelly Memorial Building Maintenance, Only".

Section 5. Any member, whose dues shall be in arrears as of the time of the Annual Meeting shall, after due notification from the Treasurer, lose his rights as a member.

Section 6. The Executive Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine for his services.

Section 7. An annual audit shall be prepared by a certified public accountant, who has been approved by the Executive Committee, at the close of business on May 31st each year. A full and true report of the annual audit shall be given at the annual meeting of the Association.

ARTICLE X.

ORDER OF BUSINESS:

The Executive Committee shall furnish the order of business for each regular and annual meeting and shall furnish the Executive Secretary a draft of progress at least thirty days before the date of such meetings.

ARTICLE XI.

APPOINTMENT TO STATE BOARD OF PHARMACY:

A list of members of the Association, in good standing, being skilled and competent pharmacists who have had at least five years active pharmaceutical experience in compounding and dispensing physician's prescriptions, shall be submitted by the executive committee to the nominating committee, which latter named committee shall recommend at the annual meeting of the Association, a list of three eligible members for each vacancy to be filled by appointment of the Governor of the State of Maryland to the Maryland Board of Pharmacy. None of the candidates may be connected with the School of Pharmacy, either as a teacher, instructor, or a member of the Board of Trustees. The Board of Pharmacy shall consist of two members of the City of Baltimore, two members of the Counties of the State, and one member of either the City of Baltimore or the Counties of the State. The appointment shall be for a period of five years. In case of any vacancy or vacancies, whether from expiration of term, resignation, death or otherwise, the Governor shall appoint a successor from a list of Pharmacists of three times the number of vacancies to be filled, said list to be submitted by the Maryland

Pharmaceutical Association. The said Commissioners shall, after notification of their appointment each subscribe to the oath prescribed by the Constitution of the State of Maryland and shall hold office until the appointment and qualification of his successor.

ARTICLE XII.

STANDING AND SPECIAL COMMITTEES:

The following Standing Committees shall be appointed annually by the President and approved by the Executive Committee:

- | | |
|-------------------------------------|--|
| 1. Social Committee | 13. Pharmacy Week Committee |
| 2. Building Committee | 14. Pharmacy Committee |
| 3. Pharmacy Economics Committee | 15. Civil Defense Committee |
| 4. School of Pharmacy Committee | 16. Nominating Committee |
| 5. Professional Relations Committee | 17. Resolutions Committee |
| 6. Legislative Committee | 18. Grievance Committee |
| 7. Membership Committee | 19. Robert L. Swain Pharmacy Seminar Committee |
| 8. Finance Committee | 20. Constitution and By-Laws Committee |
| 9. Auditing Committee | 21. Simon Solomon Pharmacy Economics Seminar Committee |
| 10. Public Relations Committee | |
| 11. Fair Trade Committee | |
| 12. Publications Committee | |

The President shall also appoint such other special committees as he may, from time to time deem necessary or advisable. The number of members serving on Standing and Special Committees and the duties and responsibilities of all committees shall be determined by the Executive Committee and a report of all committees shall be submitted in writing at regular, special or annual meetings of the members.

ARTICLE XIII.

TRAVELERS AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Travelers' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2. (Membership) Membership of the Auxiliary shall comprise all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Auxiliary shall pay seven dollars and fifty cents in annual dues to the Treasurer of the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Travelers' Auxiliary in matters pertaining to the program of entertainment for the annual meeting of the Association.

Section 5. (Powers) The Travelers' Auxiliary and Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

ARTICLE XIV

LADIES AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Ladies' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2 (Membership) Membership of the Auxiliary shall comprise of wives of pharmacists, teachers and all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Ladies' Auxiliary shall pay two dollars in annual dues to the Treasurer of the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Ladies' Auxiliary in matters pertaining to the program of entertainment for its annual meeting of the Association.

Section 5. (Powers) The Ladies' Auxiliary and the Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

ARTICLE XV

STUDENTS' BRANCH:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of a Joint Students' Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association.

Section 2. (Membership) Students who are members of the third, fourth and fifth years' professional classes respectively, of the School of Pharmacy of the University of Maryland shall be eligible for active membership in the Joint Students' Branch.

Section 3. The Joint Students' Branch is hereby empowered to adopt a constitution and by-laws which constitution shall be approved by the Maryland Pharmaceutical Association before taking effect.

Section 4. The Joint Students' Branch is empowered to elect such officers and appoint such committees as provided for in the constitution and by-laws, including an Executive Committee. The President of the Maryland Pharmaceutical Association shall be a member ex-officio and without vote, of the Executive Committee of the Students' Auxiliary, and the President of the Joint Students' Branch shall be a member, ex-officio and without vote, of the Executive Committee of the Maryland Pharmaceutical Association.

Section 5. The Joint Students' Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association, shall send three delegates to the annual convention of the Maryland Pharmaceutical Association, such delegates to be appointed in accordance with the by-laws.

Section 6. The members of the Joint Students' Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association shall be entitled to receive "The Maryland Pharmacist" for each month of the college year, upon the payment to the Publications Committee of the Maryland Pharmaceutical Association the sum of one dollar (\$1.00) per member.

ARTICLE XVI

AMENDMENT OF BY-LAWS:

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

ARTICLE XVII

ORDER OF BUSINESS:

The Order of Business at the annual meeting and special meetings where appropriate shall be as follows:

1. Call to order
2. Roll Call
3. Reading of Minutes of Previous Meeting
4. Reading of Communications
5. Reports of Officers and Committees
6. Unfinished Business
7. Election of Members
8. New Business including election of Officers and members at large of the Executive Committee.
9. Adjournment

ARTICLE XVIII

RULES OF ORDER:

Roberts Rules of Order shall prevail in the meetings of this Association.

**CONSTITUTION AND BY-LAWS
TRAVELERS' AUXILIARY
MARYLAND PHARMACEUTICAL ASSOCIATION
(T. A. M. P. A.)**

(Revised and Adopted April 2, 1960)

PREAMBLE

In accordance with the authority contained in Article XIII of the By-Laws of the Constitution of The Maryland Pharmaceutical Association, this organization shall be known as the Travelers' Auxiliary of the Maryland Pharmaceutical Association.

CONSTITUTION

ARTICLE I.

The object of this Association shall be to co-operate with the Maryland Pharmaceutical Association in promoting the general welfare of the drug trade and to be a permanent organization to aid in the entertainment of the parent Association.

ARTICLE II.

This Association shall meet regularly on the FIRST Saturday of each month, except July and August, unless otherwise ordered by a two-thirds vote of members present or by recommendations of the Governing Body.

The ANNUAL meeting shall be held during the time and the place of the Annual Convention of the Maryland Pharmaceutical Association.

ARTICLE III.

EXECUTIVE OFFICERS

The Governing Body of this Association shall be composed of Active Members only and shall consist of a PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THIRD VICE-PRESIDENT, SECRETARY, TREASURER, a Board of Directors consisting of nine members and the IMMEDIATE Past President who shall act as Chairman of the Board.

ARTICLE IV.

All officers of this Association shall be elected at the Annual Convention meeting. The PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THRD VICE-PRESIDENT, SECRETARY, TREASURER, shall be elected for a term of one year. Three DIRECTORS shall be elected for a term of three years each.

In the event of any officer not being able to perform any duties pertaining to his office, each following officer will perform the duties of the next highest office until the next ANNUAL CONVENTION.

The candidates for President, First Vice-President, Second Vice-President, Third Vice-President, Secretary, Treasurer receiving a majority of votes cast shall be declared elected to their respective office.

The three candidates of Directors receiving the largest number of votes cast shall be elected as Directors.

ARTICLE V.

The PAST PRESIDENTS shall constitute a permanent group to be known as the ADVISORY COMMITTEE.

ARTICLE VI.

This Association shall consist of ACTIVE MEMBERS, ASSOCIATE MEMBERS and HONORARY MEMBERS.

ARTICLE VII.

Twenty-five members (ACTIVE) shall constitute a quorum for the transaction of business.

ARTICLE VIII.

Every proposition to alter or amend this constitution must be formally submitted in writing to the membership and the Secretary must notify each member in writing at least thirty days prior to action thereon.

A two-thirds vote of the ACTIVE MEMBERS present is necessary for adoption at the next regular business meeting.

ARTICLE IX.

The By-Laws may be suspended at any regular meeting of the Association by a unanimous vote of the members present. Amendments to the By-Laws may be proposed by public announcement at any regular meeting. They must be presented in writing at that meeting and voted on at the NEXT regular meeting and will be accepted or rejected by a two-thirds vote of the ACTIVE members present.

ARTICLE X.

HONORARY PRESIDENT

To be elected at Annual Meeting for a term of one year.

BY-LAWS

SECTION I.

Duties of Officers and Committees

PRESIDENT—It shall be the duties of the President to preside at all meetings of the Association and its Governing Body and to perform such other duties as ordinarily pertain to his office. He shall also call a meeting of the Chairmen of the various committees at least twice a year.

VICE-PRESIDENTS—In the absence of the President or his inability to act his duties shall devolve upon the Vice-Presidents in the order of their rank. The Vice-President shall each be assigned with the responsibility to supervise the activities of the Committees assigned to them by the President.

SECRETARY—It shall be the duties of the Secretary to keep a record of all transactions of the Association and make a complete report, in writing, at the first regular business meeting following the Annual Convention.

TREASURER—It shall be the duties of the Treasurer to keep a record of finances of the Association and to deposit all funds in the name of the Association in a bank acceptable to the Governing Body and to make a complete report, in writing, at the first regular business meeting following the Annual Convention. Checks to be signed by the Treasurer but in his absence may be signed by, either the President or Secretary, whose signatures are on file with Depository.

GOVERNING BODY—This Body shall be charged with the transaction of all business not covered specifically by these By-Laws and shall hold meetings at the direction of the President to transact any necessary business and to hear the detailed report of the Secretary and the Treasurer as to finances and membership.

SECTION II.

All officers shall assume the duties of the offices to which they are elected at the first regular business meeting following their election. At this meeting, the President shall appoint the following **PRINCIPAL** and **STANDING** committees (except **AUDITING**, **NOMINATING** and **CONVENTION** committees which shall be appointed at a meeting prior to the **ANNUAL** meeting and any others deemed necessary.

ATTENDANCE

CUSTODIAN

EMORY G. HELM MEMORIAL FUND

LUNCHEON

THE MARYLAND PHARMACIST

MEMBERSHIP

PROGRAM

PUBLICITY

WELFARE

SECTION III.

Duties of Principal and Standing Committees

Chairman of each Committee shall call a MEETING of his Committee members at least twice a year and shall submit a report to the President.

ATTENDANCE—It shall be the duties of this Committee to keep a record of and to promote attendance at all meetings.

CUSTODIAN—It shall be the duties of this Committee to see that an American Flag, the T.A.M.P.A. Banner and any equipment of the Association is available and displayed at all meetings and be protected at all times.

EMORY G. HELM MEMORIAL FUND—This Committee's responsibility will be to perpetuate the Emory G. Helm Memorial Fund and create the funds and administer them for Charitable purposes, in the memory of Emory G. Helm, who served this Association faithfully for a period of thirty years as Secretary-Treasurer.

LUNCHEON—This Committee shall arrange menus for all Meetings, shall sell tickets at the door and see that all present are being served.

THE MARYLAND PHARMACIST—It shall be the duties of this Committee to cooperate with the Editor of the Maryland Pharmacist in supplying information, news of interest, activities of the T.A.M.P.A. Such information to be in the hands of the M.P.A. Editor not later than Monday following the Saturday of the regular monthly Meeting.

MEMBERSHIP—This Committee shall thoroughly investigate the character and eligibility of all applicants.

PROGRAM—This Committee shall arrange all programs for all regular meetings.

PUBLICITY—It shall be the duties of this Committee to furnish news of our activities to the press or any other medium.

WELFARE—It shall be the duties of this Committee to call on the sick and the families of the deceased and make a report at each regular meeting and also render any assistance within the power of the Association.

Duties of Special Committees

ADVISARY—This Committee shall act at the request of the President.

AUDITING—This Committee shall consist of three Past Presidents whose duties it shall be to audit the books annually and submit a written report, at the Annual Meeting.

CONVENTION COMMITTEES—The Convention Committees shall be selected and function at the discretion of the President.

NOMINATING—This Committee shall consist of three immediate Past Presidents, whose duties it shall be to suggest a complete roster of officers to be elected at the ANNUAL Meeting. This roster to be presented when called for by the President. Additional nominations may be made from the floor.

SECTION VI.

Membership

Active membership in this Association shall be limited to men calling on or affiliated with the Drug Trade, who are acceptable to the Governing Body of the Association.

Application for membership shall be in writing on the prescribed form and endorsed by two ACTIVE members and accompanied by one year's dues.

All applications or names of prospective applicants shall be furnished to the Secretary, who shall submit the prospective member's name, firm represented, and length of time employed by said firm, to the Membership Committee. The Membership Committee will be responsible for verifying applicants eligibility and for further determining his qualifications. They shall submit their report to the Secretary. If a favorable report is received, the Secretary shall announce the name or names in his written communication to the membership for action at the next regular business meeting.

Upon acceptance by two-thirds vote of ACTIVE members present the person or persons whose name was acted upon shall be notified by the Secretary, in writing, of his election, and his name will be inscribed on the rolls of the Association.

This Association shall have the power to expel a member by a vote of two-thirds ACTIVE members present at a regular business meeting, providing a trial is held for conduct against the best interests of the Association, but no person shall be expelled until he has been notified of the charges against him and given opportunity to present his defense.

Associate Members

An Associate Member of this Association shall be a member who by reason of change of occupation shall cease to qualify in the opinion of the Governing Body, as an Active Member but who desires to remain in the Association for its social contact. He will pay the regular dues but may not vote.

Honorary Members

The Governing Body may nominate for Honorary Membership. Members who in their opinion have rendered such services to the Association as to deserve this recognition. All such nominations to be subject to election by a two-thirds vote of the membership present at a regular or Annual Meeting. Such membership to carry no voting privilege and also to be exempt from the annual dues.

Dues

The annual dues of the members of this Association shall be seven dollars and fifty cents (\$7.50) and shall be payable in advance on January first, of each year, and shall be considered in arrears, if not paid by the time of the Annual Convention, and such members shall be automatically dropped from the rolls. New members joining the Association after September first, dues are paid for the following Year.

PRESIDENTS
BALTIMORE METROPOLITAN PHARMACEUTICAL
ASSOCIATION

(Formerly Baltimore Retail Druggists' Association)

The Baltimore Retail Druggists' Association was organized in 1909. The name of the Association was changed on January 1, 1958 to the Baltimore Metropolitan Pharmaceutical Association. Since its organization the following presidents have served:

*1909-1910—J. B. Thomas	1948—Morris L. Cooper
*1911—W. W. Cherry	1949—Hyman Davidov
*1912-1928—R. E. Lee Williamson	1950—Wilmer J. Heer
*1929-1932—Samuel Y. Harris	1951—I. Jack Parks
*1933—Aquilla Jackson	1952—Gordon A. Mouat
1934—Simon Solomon	1953—Frank Block
*1935—John F. Wannenwetsch	1954—Stephen J. Provenza
1936—J. L. Kronthal	1955—Henry M. Golditch
*1937-1938—T. Ellsworth Ragland	1956—Bernard Cherry
1939—W. Scott Walb	1957—Victor H. Morgenroth, Jr.
1940—William E. Waples	1958—Alexander J. Ogrinz, Jr.
*1941—Charles S. Austin, Jr.	*1959—Herman B. Drukman
*1942—Harry S. Harrison	1960—Gregory W. A. Leyko
*1943—Otto W. Muehlhause	1961—Sam A. Goldstein
1944-1945—Frank L. Swiss	1962—Jerome J. Cermak
1946—M. Martin Settler	1963—Aaron M. Libowitz
1947—Frank J. Macek	1964—Irving I. Cohen
* <i>Deceased</i>	1965—Marion R. Chodnicki

OFFICERS 1965
BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Honorary President—DR. FITZGERALD DUNNING
 President—MARION R. CHODNICKI
 1st Vice President—JEROME A. STIFFMAN
 2nd Vice President—FERDINAND F. WIRTH, JR.
 3rd Vice President—DONALD O. FEDDER
 4th Vice President—JOSEPH H. MORTON
 Secretary—NATHAN I. GRUZ
 Secretary Emeritus—MELVILLE STRASBURGER
 Treasurer—CHARLES E. SPIGELMIRE

EXECUTIVE COMMITTEE

Chairman—IRVING I. COHEN

IRVIN KAMENETZ	ANTHONY G. PADUSSIS
BERNARD B. LACHMAN	PHILIP RICHMAN
NICHOLAS C. LYKOS	MILTON SARUBIN
JOSEPH L. OKRASINSKI	MYER STOLER

Ex-Officio—FRANCIS S. BALASSONE

**CONSTITUTION AND BY-LAWS
OF
BALTIMORE METROPOLITAN PHARMACEUTICAL
ASSOCIATION**

AMENDED AND NAME CHANGED FROM BALTIMORE RETAIL
DRUGGISTS ASSOCIATION ON DECEMBER 5, 1957.

ARTICLE I
MEMBERSHIP

SECTION 1. Membership in the Association shall be divided into four classes: ACTIVE MEMBERS, LIFE MEMBERS, HONORARY MEMBERS, and ASSOCIATE MEMBERS

(a) **ACTIVE MEMBERS:** All registered Pharmacists who are or were actively engaged in the practice of retail pharmacy in Metropolitan Baltimore as owners of retail drug stores, are eligible to become active members. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Active Members present at regular annual meetings or in the interim, by a majority vote of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

(b) **LIFE MEMBERS:** Any Active Member who has paid dues for fifteen years, may pay the sum of \$100.00 to the Treasurer and shall be a Life Member and shall be presented with an appropriate certificate by the President. Life Members shall have all the rights and privileges of Active Members, including the right to vote, but are not required to pay the annual dues, thereafter.

(c) **HONORARY MEMBERS:** Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared Honorary Members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

(d) **ASSOCIATE MEMBERS:** Any Pharmacist or other person actively engaged in industries allied to the profession, who do not meet qualifications of Active Membership, may by paying such dues as determined by the Executive Committee be eligible to all rights and privileges of the Association, except to vote and hold office.

MEETINGS

SECTION 2. MEETINGS:

(a) **ANNUAL MEETINGS:** The annual meeting of the members for the election of officers and members of the Executive Committee of the Association and for the transaction of any other business that may be before the meeting shall be held in December of each year in the City of Baltimore at a time and place designated by the Executive Committee.

(b) **SPECIAL MEETINGS:** The Special Meetings of the members may be called by the President or a majority of the Executive Committee, upon five days written notice. Petitions requesting special meetings, signed by not less than twenty-five active members, addressed to the President, shall make it mandatory for such special meetings to be called.

SECTION 3. QUORUM: Twenty-five members who are entitled to vote shall constitute a quorum for the transaction of any business at any annual or special meeting.

ARTICLE II

EXECUTIVE COMMITTEE

SECTION 1. The property and affairs of the Association shall be managed by the Executive Committee consisting of fourteen members; the President, the four Vice-Presidents, the Chairman, (the immediate preceding President) and eight members at large. To the extent that the Corporation Laws of this State permit, the Executive Committee shall be the governing body of the Association and shall have, and be entitled to exercise, all the powers of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association, and shall hold office until their successors are elected and have qualified. In case of resignation, removal or death of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new Committee member shall hold office until the election and qualification of his successor.

SECTION 2. The Executive Committee shall meet at such times and places as the Committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the Committee.

SECTION 3. No member of the Executive Committee shall receive any compensation for his services as such.

SECTION 4. Six members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of the Executive Committee, except as provided for in Article I, Section 1, paragraph (c).

ARTICLE III

OFFICERS

Section 1. The officers of the Association shall consist of a President, four Vice-Presidents, a Secretary and a Treasurer. Such officers shall be elected by the Active and Life Members at the regular annual meeting, and shall hold office for one year or until their successors are elected and qualified.

Section 2. The Executive Committee may, from time to time, appoint such other officers and agents with such powers and duties as the Committee may deem advisable.

Section 3. Any vacancy in any office shall be filled by majority vote of the Executive Committee.

Section 4. Any officer, or employee, may be removed at any time with cause by the affirmative vote of a majority of the Executive Committee or by any superior officer upon whom such power of removal may have been conferred by the Executive Committee, and such action shall be conclusive upon the officer or employee so removed.

Section 5. The officers shall perform such duties as may, from time to time, be designated by the Executive Committee.

ARTICLE IV

OFFICIAL SEAL

The official seal of the Association shall be inscribed thereon the name of the Corporation and the words "Incorporated 1958 Maryland."

ARTICLE V

FINANCIAL ADMINISTRATION

Section. 1.

(a) All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee provided such papers be signed by the Treasurer, with the approval of the President or such other officer designated by the President.

(b) All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary, after approval shall first have been given by the Executive Committee and shall include such signature or signatures of other officers as may be required and designated by the Executive Committee.

Section 2. The fiscal year of the Association shall be the calendar year.

Section 3. All Active Members, in order to maintain their status as Active Members, are required to pay dues in the amount of \$10.00 per year payable on January 1st of each year, in advance. Any Active Member who is in default in the payment of his annual dues for one year shall automatically cease to be an Active Member of the Association.

Section 4. The Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine, for his services.

Section 5. A full and true statement of the affairs of the Association shall be submitted at the annual meeting of the members, and filed within twenty days thereafter at the principal office of the Association.

ARTICLE VI

STANDING COMMITTEES

Section 1. The following standing committees shall be appointed annually by the President, and the President shall be a member ex-officio of all such committees:

1. Social Committee.
2. Pharmacy Committee
3. Building Committee
4. Publicity Committee
5. Membership Committee
6. Committee on Attendance and Arranging Meetings
7. Ethical Practices Committee

8. Committee on Professional and Public Relations
9. Civil Defense Committee
10. Legislative Committee
11. Prescription Survey Committee
12. Good and Welfare Committee
13. Auditing Committee

The Executive Committee may also appoint such other special Committees as it, from time to time, may deem necessary or advisable.

The number of members serving on standing and special committees and the duties and responsibilities of all committees shall be determined by the Executive Committee, and a report of all committees shall be submitted, in writing, at the annual meeting of members.

ARTICLE VII

AMENDMENTS

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

ARTICLE VIII

ORDER OF BUSINESS

The order of business at the annual meeting and special meetings, where appropriate, shall be as follows:

1. Call to order
2. Roll call
3. Reading of minutes of previous meeting
4. Reading of communications
5. Reports of officers and committees
6. Unfinished business
7. Election of members
8. New business, including election of officers and members at large of the Executive Committee; and
9. Adjournment.

REGISTERED PHARMACISTS IN MARYLAND

The following list of Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland, 21201.

A

Aarons, Hillel R.
 Aaronson, Alfred I.
 Abarbanel, Judith
 Aberbanel, Morton
 Abel, Walter H.
 Abelsky, Abraham
 Abelson, Abraham A.
 Abrahams, C. S.
 Abrahams, N. H.
 Abrahams, Ronald J.
 Abram, Robert N.
 Abrams, Arthur M.
 Abrams, Marvin H.
 Abrams, Lawrence M.
 Abrams, Rosalie G.
 Abramson, Aaron
 Abramson, Alfred
 Abramson, Daniel J.
 Abramowitz, Manuel
 Abramovitz,
 Marjorie S.
 Abramowitz, Robt. N.
 Aceto, Mario D. G.
 Adair, Carole S.
 Adams, James H.
 Adamson, Robert W.
 Adelson, Morton J.
 Adkins, Robert T.
 Adlerete, C. E.
 Agris, George J.
 Albert, Ada Celeste
 Albert, Irvin J.
 Albrecht, Walter E.
 Albrecht, William F.
 Aldrich, Clayton B.
 Aldrich, Darwin F.
 Alessi, Alfred Henry
 Alessi, Edward J.
 Alexander, Horace L.
 Alexander, Latimer B.
 Alexander, Lydia B.
 Aldrich, Darwin F.
 Allaband, Edgar R.
 Allen, Anthony, III
 Allen, Benjamin F.
 Allen, E. B.
 Allen, Claris M.
 Allen, Lodell M. S.

Alliker, Morris J.
 Alpern, Elwin H.
 Alpert, Lawrence J.
 Alven, A. Ralph
 Amarant, Emil
 Amernick, Harmond
 Amass, Arnold Leroy
 Amoia, Henry
 Anders, W. Raymond
 *Anderson, B. W.
 Anderson, Chas. D.
 Anderson, Chas. R.
 Anderson, Don R.
 Anderson, J. Erroll
 Anderson, Solon Lee
 Andrews, Marvin J.
 Angster, Jerome
 Angorn, Richard A.
 Anoff, Bernard
 Ansell, Max S.
 Anshell, Marvin
 Antal, Gyula
 Anthony, Arthur F.
 Anthony, Joseph G.
 Antwarg, Alvin G.
 Apitz, Fred W.
 Appel, William J.
 Applestein, Frank
 Applestein, Harry A.
 Arapian, Ansel G.
 Arch, Edward K.
 Archambault, Paul J.
 Archer, Fletcher W.
 Archer, Theodore
 Armstrong, Chas. L.
 Aronson, Donald
 Arrington, H. S.
 Artigiani, Filiberto
 Artsis, Morris
 Ashbill, J. Lewis
 Ashby, James H.
 Askey, Wilbur G.
 Athanasoulas, M. D.
 Atlas, Harvey H.
 Atlas, Roy R.
 Atwell, Daniel S., Jr.
 Augsburg, Larry L.
 August, Henry John
 Austerlitz, John S.
 Austraw, Geraldine L.

Austraw, Richard F.
 Avedisian, Paramaz
 Avent, T. E.
 Avinger, Noel S.
 Axelrod, Stuart
 Ayd, John Joseph
 Ayd, Joseph M.
 Aytes, Chester Ray

B

Babst, Edward Ralph
 Baer, Philip C.
 Bachman, Fenton L.
 Bachrach, M. E.
 Baer, Adolph
 Bahr, James D.
 Bahr, Raymond D.
 Baier, John Cletus
 Baikstis, Anda A.
 Bailey, Grafton D. P.
 Bailey, Halcom S.
 Bailey, Renee H.
 Bailone, Wm. A., Jr.
 Bair, Schafer B.
 Bakas, James A.
 Baker, Barbara A.
 Baker, Larry
 Baker, Daniel S.
 Baker, G. F.
 Baker, Harley E.
 Baker, Israel
 Baker, J. Elmer
 Baker, Jeanne, A.
 Baker, William
 Balassone, Francis S.
 Balcerak, Eugene P.
 Balcerzak, A. E.
 Baldwin, G. Mitchell
 Balje, Richard A.
 Balliet, Woods D.
 Balmert, Clemens A.
 Balotin, Louis Leon
 Baltz, George E.
 Bambrick, Vincent C.
 Bank, Albert
 Bank, Arnold J.
 Banks, David E.
 Barbacoff, Alec
 Barcus, Glenn W.
 Barke, Daniel S.

- Barke, Sheldon Saul
 Barlow, Sara A. LeV.
 Barlow, Robert J.
 Barnes, Attison L., Jr.
 Barnes, Forrest P.
 Barnett, Edward J.
 Barnett, Ruth Ella
 Barnett, William M.
 Barnstein, Fred S.
 Barnum, Charles W.
 Baron, Melvin A.
 Barone, James A.
 Baroti, Ethel
 Barrett, Harvey W.
 Barrett, Sister Agatha
 Barrett, William H.
 Barrie, Louis C.
 Barron, David D.
 Barron, Frank R.
 Barry, Wilbur Ford
 Barshack, Irwin S.
 Barshack, Jack
 Barsky, Samuel
 Bartlett, Fitz James
 Barton, Cynthia LaL.
 Bartoshesky, Louis H.
 Basik, Harvey E.
 Bass, Benjamin
 Bass, Harry
 Bassett, Irving A.
 Batalion, Abraham L.
 Batchison, Joseph C.
 Batdorf, John B.
 Batease, John Charles
 Batie, A. Lester
 Batt, William H.
 Bauer, John C.
 Baughman, Bertram
 Bayer, George
 Baylis, Richard D.
 Baylus, Meyer Milby
 Baylus, Joseph
 Beal, Agnes A. K.
 Beall, Clara
 Beam, John H.
 Beam, Merlin A.
 Beatty, Annie K.
 Beauregard, John G.
 Beck, Herbert
 Beck, Samuel D.
 Becker, Edward P.
 Becker, John Wilbert
 Becker, Justin I.
 Becker, Stanley L.
 Beckley, J. Harry
 Beer, Donald Richard
 Regman, Robert H.
 Behrman, Bernard F.
 Beistle, Mathew J.
 Reitler, Ben
 Beitler, Leonard
 Belbot, Emma N.
 Belford, Joseph
 Belford, Stanley H.
 Bell, Abraham P.
 Bell, David W., Jr.
 Bell, Frank Kelly
 Bell, William R. Jr.
 Beller, John R.
 Bellis, Walter S.
 Bellman, Frank A.
 Belt, James F.
 Bender, Maurice
 Benfer, Benjamin D.
 Benkovic, George J.
 Bennett, C. W., Jr.
 Bennett, Lester Leroy
 Bensel, Robert John
 Benson, Charles M.
 Benson, Michael T.
 Bentheme, James A.
 Bentz, William A.
 Benya, Theodore J.
 Bercovici, Bernard S.
 Bercovitz, Leon J.
 Berger, Abraham A.
 Berger, Alan Burton
 Berger, Charles J., Jr.
 Berger, George W.
 Berger, Jerome Alvin
 Bergeron, Paul R., II
 Bergner, Samuel W.
 Bergstein, Robert S.
 Berkowich, Melvin I.
 Berman, Abraham S.
 Berman, Frederic T.
 Berman, Gilbert S.
 Berman, Maurice J.
 Berman, Mitchell
 Bernabo, Albert C.
 Bernard, Charles V.
 Bernardini, Jose R.
 Berman, Norman I.
 Bernas, Albert Earl
 Bergardt, Elmar B.
 Bernhardt, Henry
 Bernhardt, William
 Bernstein, Alvin S.
 Bernstein, Stanley
 Berkowitz, Samuel
 Berlanstein, Joseph
 Berlin, Alvin
 Berlin, Jerome
 Bernstein, Edwin E.
 Bernstein, Joseph C.
 Bernstein, Nathan
 Bernstein, Stanley
 Berry, M. B.
 Berry, Robert Alden
 Berry, Robert Earl
 Berry, Robert M., Jr.
 Berryman, C. H.
 Berson, Seymour A.
 Bettigole, Philip
 Beyer, Jane
 Beyer, Robert Ernest
 Bialek, Samuel M.
 Bialek, Ted
 Bianculli, Thomas J.
 Biasini, Adolph P.
 Bickle, John C.
 Bickel, Louis M.
 Biggs, John Gregory
 Billian, Bernard
 Bilodeau, John R.
 Bierley, Roy Murray
 Bindok, Edw. J.
 Binstock, Albert
 Birkin, Brent B.
 Bishop, Davis N.
 Bitner, Glen R.
 Bixler, Richard S.
 Blair, Ralph Diener
 Blake, Andrew B.
 Blake, David A.
 Blank, Mary Ellen
 McGinn
 Blankman, Albert J.
 Blatt, Harry F.
 Blatt, Thomas H.
 Blattstein, Flora
 Blau, Eugene R.
 Blaustein Arnold L.
 Blechman, Charles
 Blitz, Louis
 Bloch, Donald E.
 Block, Frank
 Block, Jerome
 Block, John Fred.
 Block, Lawrence H.
 Block, Lawrence Yale
 Block, Ronald L.
 Block, Samuel
 Bloom, Eli H.
 Blough, Myron Earl
 Blue, Barbara M.
 Blum, Abraham
 Blum, Joseph Sydney
 Blumberg, Eli T.
 Blumson, Samuel S.
 Boatman, Ernest A.
 Boden, Edwin
 Boeder, Leo
 Boellner, Otto K., Jr.
 Boeren, John Gilbert
 Bogash, Philip
 Boggan, Robt. F.
 Boggs, Dorothy Jane
 Bogen, Ellis B.
 Boisfeuillet, Frank S.

- Bonanno, Placido A.
 Bondareff, Erwin A.
 Bookoff, Morris
 Booth, Wm. H.
 Borcharding, Wm. H.
 Borgatti, Robert A.
 Bryan, Ralph H.
 Borenstein, Jack B.
 Borg, Eugene G.
 Borgatti, Richard J.
 Borland, Hugh Kelly
 Bortnick, Morris H.
 Bosch, Charlotte T.
 Bosch, Noel J.
 Bosserman, Charles
 Bossle, Paul C.
 Boudreau, E. D.
 Bourne, Benjamin P.
 Bower, Edwin L.
 Bower, Martin R.
 Bowen, Curtis A.
 Bowen, James M.
 Bowie, Allen H.
 Bowles, Adam J.
 Bowles, Lewis F.
 Bowman, A. E.
 Boyd, Carville B.
 Boyd, George W. F.
 Boyd, Patricia G.
 Boyd, Wm. Merton
 Boyer, Gary H.
 Boyer, Ralph Lewis
 Bozman, Kenneth B.
 Braden, Walter Buel
 Braden, Wayne Ansel
 Bradenbaug, Don L.
 Bradford, J. Henry
 Bradley, Frank H.
 Bradstock, Alden, Jr.
 Brady, Robert Wilson
 Bragonier, James
 Brager, Stanley S.
 Brager, Stuart H.
 Brahen, Leonard S.
 Brambaugh, Benj. B.
 Bramble, Henry S.
 Brannon, Wilson Lee
 Brant, Robert E.
 Brashears, Charles L.
 Bratten, Blanche R.
 Braude, Monique C.
 Brault, Paul Robert
 Braunstein, I. M.
 Bray, Edmond H.
 Brazius, Joseph V.
 Brenner, Joseph
 Breslin, Frederick W.
 Press, Jerrold F.
 Bretler, Herman B.
 Brickman, Hilliard
 Bridges, William S.
 Briele, Henry A.
 Briggs, P. M.
 Brickman, Allen G.
 Brill, Maurice Erwin
 Brill, Michael M.
 Brilliant, Alan Wolf
 Bringenberg, John G.
 Brink, Joseph Wm.
 Brinkley, Guy O.
 Brinkmann, Fred E.
 Brinsfield, Jay Royce
 Brinsfield, Wm. S.
 Briody, Elizabeth M.
 Bristow, Wm. Brooks
 Britcher, Frank N.
 Brocani, Francis J.
 Brodie, Stanley Alan
 Brodsky, Bernard J.
 Brodsky, E. M.
 Brodt, Dan Pendelton
 Brody, Robert D.
 Broe, James A.
 Bronstein, Miriam S.
 Bronstein, Myer
 Brooks, Florence G.
 Brooks, George R.
 Brooks, Jean Louise
 Brooks, Robert A.
 Browdy, Emanuel
 Brown, Chas. Wesley
 Brown, David N.
 Brown, Douglas W.
 Brown, Harry James
 Brown, Harold K.
 Brown, Joseph K.
 Brown, Laroy P.
 Brown, Lewis L., Jr.
 Brown, Samuel
 Brown, Thomas C.
 Brownstein, H. S.
 Brownstein, Marshall P.
 Brownstein, Milton J.
 Bruckheimer, Irving M.
 Brune, Richard C.
 Brunner, George L.
 Brunier, George F.
 Prunnett, William L.
 Brunson, Gerald N.
 Bryan, Carroll L.
 Budacz, Frank M.
 Budacz, P. Thomas
 Buchanan, G. Hayes
 Buck, Robert L.
 Buckman, Frank W.
 Bulger, Willard Lane
 Buongiorno, Ernest
 Buppert, Hobart C.
 Burgee, Sydney L., Jr.
 Burgess, Ella N.
 Burka, Leon H.
 Burke, George J.
 Burke, John V.
 Burke, Lawrence A.
 Burkhart, V. deP.
 Burkholder, Ralph E.
 Burkin, Abraham J.
 Burnett, Benjamin E.
 Burns, Herbert J., Jr.
 Burns, Freida H.
 Burns, Stanley J.
 Burros, Stanton
 Burrows, Roscoe T.
 Burrows, Dudley A.
 Burriss, Morris
 Burton, Ed. Thomas
 Butler, F. J.
 Butler, Henry Milton
 Butler, J. E.
 Butler, Maybelle L.
 Butler, Richard A.
 Butt, Frederick D.
 Byron, Joseph I.
 Byron, Joseph J.

C

- Cahn, Albert M.
 Calas, Andre' T.
 Caldwell, Eben S.
 Caldwell, John R.
 Caldwell, Lee A.
 Call, Tracey Gillette
 Callan, H.
 Calmen, Elmon H.
 Cameron, Simon H.H.
 Campbell, Thomas W.
 Campbell, Wm. D.
 Campbell, Vincent A.
 Cannon, William N.
 Cansey, Henry D.
 Caplan, Bernard S.
 Caplan, Carl Michael
 Caplan, Clarence C.
 Caplan, Clarice
 Caplan, Milton
 Caplan, Robert M.
 Caplan, Yale H.
 Carlson, David R.
 Carlson, Joe Mark
 Carofano, Edward
 Card, Nathan C.
 Careney, Wm. F.
 Carey, Alford R.
 Carey, L. B.

- Carleton, Henry L.
 Carlin, Henry P.
 Carlone, Matthew F.
 Carmel, Joseph
 Carnevale, Joseph A.
 Carney, Harry G.
 Carouge, Gilbert M.
 Carouge, Wm., Jr.
 Carr, Chas. Jelleff
 Carroll, J. M.
 Carson, James O.
 Carter, Paul M.
 Carter, Russell E.
 Carton, Frieda
 Caruso, Ugo F.
 Carver, Dorothy Kent
 Carver, Renzo S., Jr.
 Casey, John Joseph
 Cassidy, Elizabeth C.
 Catlett, Ollie Edwin
 Catterton, Edward L.
 Cauffman, Edwin C.
 Cavacos, Andrew T.
 Cavallaro, Joseph W.
 Ceccorulli, Donald J.
 Celio, Robert J.
 Celler, Maximilian
 Celozzi, Matthew J.
 Cermak, Bertha M.
 Cermak, Jerome J.
 Chack, Eli S.
 Chack, Morton S.
 Chadduck, Harry W.
 Chalet, Melvin
 Chalfont, Eugene E.
 Chan, Pearl
 Chance, Albert A.
 Chandler, N. W.
 Chang, Gloria
 Chang, Robert
 Chankin, Joseph
 Chankin, Norman
 Chatlin, Gerald M.
 Chatkin, Robert
 Chatkin, William C.
 Chavous, Clarence N.
 Checcone, Gene L.
 Cherepow, John A.
 Cherney, Louis
 Cherricks, Robt. V.
 Cherry, Bernard
 Chertkof, Freida
 Chertkoff, Marvin J.
 Cheslow, Nathan L.
 Chick, Stephen
 Chidester, Clay C.
 Chilcoat, George O.
 Chilton, Monroe Ira
 Chipley, Albert Lee
 Chodnicki, Marion R.
 Cholden, Lawrence D
 Chow, Jean
 Christopher, Joseph
 Chupnick, David
 Chyatte, Eli Isaac
 Cimino, Edward R.
 Citrenbaum, B. F.
 Citrenbaum, Lewis A.
 Citrenbaum, Morris
 Claney, William J.
 Clapp, Clarence
 Clark, Frank Black
 Clarke, David C.
 Clarke, Sister Mary Carmel
 Clarke, Thomas, Jr.
 Claybaugh, Springer
 Clayman, David S.
 Clayman, Jerome H.
 Clayton, Guy W.
 Clements, John Wm.
 Clerget, Lyle L.
 Cline, Harvey E.
 Clinger, Richard G.
 Clinger, William T.
 Clyman, Sidney Gary
 Coakley, Andrew J.
 Cobots, Jeanette
 Codd, Francis I.
 Coffman, Chas. W.
 Cohan, Nath. Tolbert
 Cohen, Abraham N.
 Cohen, Allan Ira
 Cohen, Archie R.
 Cohen, Arthur S.
 Cohen, Benjamin
 Cohen, Bernard C.
 Cohen, Bernard I.
 Cohen, Bernard J.
 Cohen, Burton D.
 Cohen, David H.
 Cohen, Estelle G.
 Cohen, Gerald Ivan
 Cohen, Gilbert
 Cohen, Harry C.
 Cohen, Harry I.
 Cohen, Harry J.
 Cohen, Harvey
 Cohen, Hershel
 Cohen, Irvin J.
 Cohen, Irving
 Cohen, Irwin
 Cohen, Irving Isadore
 Cohen, Isador M.
 Cohen, Isidore
 Cohen, Jack Ronald
 Cohen, Jacob
 Cohen, Joseph
 Cohen, Joseph W.
 Cohen, Jules
 Cohen, Lawrence J.
 Cohen, Louis James
 Cohen, Martin J.
 Cohen, Maurice D.
 Cohen, Max Hurston
 Cohen, Michael D.
 Cohen, Morton B.
 Cohen, Philip
 Cohen, Ronald A.
 Cohen, Samuel
 Cohen, Samuel C.
 Cohen, Samuel H.
 Cohen, Solomon J.
 Cohen, Stanley
 Cohn, Edward
 Cohn, Melvin
 Cohn, Nathan
 Colbert, Alberta C.
 Colbert, Frank L.
 Colborn, Geo. W., Jr.
 Colclough, John J.
 Cole, B. Olive
 Cole, S. Charles
 Coleman, Mary Ann
 Coleman, Sister Geraldine
 Coleberg, Carl L.
 Coleman, W. S. E.
 Collier, George R.
 Collins, C. W.
 Collins, Ernest W.
 Collins, Hugh Fenton
 Collins, Leo Joseph
 Colucci, Nicholas Jos.
 Colvin, Ralph
 Combs, Joseph L., Jr.
 Comer, Bernard V.
 Condo, Clyde F., III
 Conklin, Nancy C.
 Connelly, Mary W.
 Conner, James R.
 Connor, Edwin A.
 Connor, William J.
 Conrad, Marlene E.
 Conway, George W.
 Constantine, Chris G.
 Contrino, Gabriel M.
 Cook, Frank E.
 Cook, Herbert Clark
 Cooley, William A.
 Coombs, William D.
 Cooper, Abraham S.
 Cooper, H. H., Jr.
 Cooper, Harold L.
 Cooper, James
 Cooper, Morris L.
 Cooper, Samuel J.

- Copeland, Harry T.
 Cooper, Nathan N.
 Coplin, Louis I.
 Corbin, James L.
 Corkin, Donald B.
 Cornblatt, Edmond A.
 Cornell, Fred. B., Jr.
 Cornias, William N.
 Corrick, Lester S.
 Costabile, John J.
 Cotlin, Joseph A.
 Cottle, Joyce Adair
 Cotter, Charles J.
 Cousins, Walter H.
 Cox, George T., Jr.
 Cox, Percy P.
 Cragg, James P., Jr.
 Craig, B. H.
 Craig, L. B.
 Cramer, Robert D.
 Crane, Frank T.
 Crane, Richard R.
 Creamer, John J.
 Creswell, Lee D.
 Crisalli, Joseph P.
 Crispens, Gordon M.
 Crispens, Warren E.
 Crocarno, Ralph J.
 Crofton, Wilbur E.
 Cross, John Milton
 Crouse, James Earl
 Crovetto, Felix R.
 Crowell, Thomas A.
 Crunkleton, Chas. L.
 Crystal, Howard
 Cummings, Maurice
 Cunzeman, John
 LeR., Jr.
 Currey, Tracey A.
 Currier, Calona Dail
 Curtis, Alfred Duane
 Custis, Daniel P.
 Custis, Harry J., Jr.
 Cwalina, Gustav E.
 Cwynar, Frank F., Jr.
 Czapiewski, Eugene
 Czeka, Leo M.
- D**
- D'Adamo, Pasquale J.
 Dagold, Donald J.
 Daily, Louis J. E.
 Daley, Wm. J., Jr.
 Dalgarn, Ira N.
 Dalinsky, Harry A.
 Dalton, John F.
 Damasiewicz, W. Jr.
 Damazo, Herbert S.
 Damico, Samuel
 Dammeyer, C. F. W.
 Danoff, Abe
 Danoff, Jerome Allen
 Danziger, David Gerd
 Darlington, R. G.
 Daubon, Ramon L.
 David, Alphonse S.
 David, Irvin
 Davidov, Arnold Lee
 Davidov, Benjamin
 Davidov, Hyman
 Davidov, Louis
 Davidov, Samuel
 Davidov, Vivian S.
 Davidson, Meyer
 Davidson, Saul David
 Davies, Burton T.
 Davies, Donald W.
 Davies, Joseph Wm.
 Davis, Adam, Jr.
 Davis, Alfred L.
 Davis, Edwin B.
 Davis, Eugene H.
 Davis, George A., Jr.
 Davis, J. Edward
 Davis, Joel Samuel
 Davis, Lee H.
 Davis, Paul E., Jr.
 Davis, Rebecca H.
 Davis, Samuel
 Davis, Sydney V.
 Davis, William B.
 Dawes, Thorpe T.
 Dawson, George R.
 Dawson, Harold M.
 Dawson, Leroy O.
 Dawson, Thomas C.
 Day, Harold Lewis
 Dayton, LeRoy E.
 D'Ambrosio, J. E.
 Dean, Cloyd Chas.
 Deans, John
 DeBoy, John Michael
 Debus, Albert
 Decker, Allan Irwin
 Dechter, Gerald Y.
 Deems, John T., Jr.
 DeGele, George Oscar
 Deist, Freeman P.
 Deist, Mariana K.
 Deitch, Erwin
 DeJulio, Luigi
 DelCastilho, R. E.
 Delcher, C. Rodgers
 Delgado, Frank A.
 Del Vecchio, Frank
 Demarest, Dudley A.
 Dembeck, Bern., Jr.
 Dembeck, Walter D.
 Dembiec, Walter J.
 Dembo, Julius L.
 Deming, Martin E.
 DeMino, Leonard J.
 Denison, Macel M.
 Dent, F. J.
 Derewicz, Henry J.
 Derman, Sheila K.
 DeRoca, Salvatore J.
 Derr, Samuel
 Derry, Harold T.
 Deutschman, B. H.
 Devan, William
 Dewing, Arthur A.M.
 Dezenhall, Mervin B.
 Diamond, Frank
 Diamond, Louis
 Dickerson, Enoch W.
 Dickinson, James M.
 Dickman, Arnold L.
 Dickman, Hyman
 Dickman, L. H.
 Dickstein, Benjamin
 Diener, Nelson G.
 Diener, Samuel
 Dietel, Hermon, Jr.
 Diering, W. L.
 Dietrich, Jos. Wm.
 Dichter, Jack C.
 DiGiovine, John J.
 DiGristine, Mary R.
 Dinges, Frank C., Jr.
 DiPaula, Vincent R.
 Dittrich, Theodore T.
 Ditto, Joseph E.
 Dittus, Richard H.
 Doane, Allan H.
 Dobropolski, A. J.
 Dobrowolsky, Myron
 Dodd, Wm. Anthony
 Dodson, Garland C.
 Dolejs, Gerald T.
 Donsky, Bessie
 Donahoe, Walter
 J. A.
 Donaldson, John E.
 Donath, William D.
 Donato, Vincent F.
 Donnet, John
 Donohue, Frank J.
 Doorenbos, Fumiko I.
 Dorcas, Ramona S.
 Doren, Gerald S.
 Dorfman, Joseph Sol
 Dorsch, Joseph U.
 Dosch, Philip Paul
 Doty, Elmer C.
 Doty, Willard A.

Dou, A. M.
 Dougherty,
 John H. Jr.
 Dougherty, Leon P.
 Douglass, Dolores Z.
 Dow, Harry
 Downs, Grant, Jr.
 Downey, Fred. W.
 Downs, B. E.
 Doyle, James D., Jr.
 Doyle, John P.
 Drabnis, A. J., Jr.
 Drapkin, Leon I.
 Drennen, James H.
 Dripps, Samuel M.
 Driskill, R. Hayes
 Dudley, F. E., Jr.
 Dreizen, Sidney
 Dreyer, Frederick, Jr.
 Dubner, Hillel
 DuBois, Norman
 Duda, Walter J.
 Duffy, Arthur L.
 Duffy, William T.
 Dugan, Frederick P.
 Dugan, Walter C.
 Dukes, L. Reynier
 Dull, Joseph E.
 DuGoff, Albert M.
 Dunbar, Ruth
 Duncan, Chester A.
 Duneheew, Glenn Dale
 Dunkel, Lawrence
 Dunker, Melvin F.W.
 Dunn, Charles G.
 Dunning, James W.
 Dunson, George L.
 Duritz, Gilbert
 Durm, Noel Elton
 Dvorak, Geo. James
 Dyott, William H.

E

Eagle, Philip T.
 Eakle, Roy S.
 Eason, Frederick B.
 Easton, James O., Jr.
 Eaton, Robert Arthur
 Eckert, Robert B.
 Eckhardt, Henry
 Edelen, James Adrian
 Edell, Marvin L.
 Edelstein, J. Horace
 Edenfield, Charles H.
 Edlavitch, Sam
 Edmonds, Edmund H.
 Edmonds, Joseph L.
 Edwards, Edward

Edwards, James D.
 Edwards, Paul H.
 Edwards, Victor R.
 Edwards, W. K.
 Edwards, Stanley E.
 Efros, Ida
 Eger, W. M.
 Ehudin, Herbert
 Eichberg, Daniel M.
 Eichelberger, M. F.
 Eidelman, Nathan
 Einbinder, Sylvan P.
 Eisen, Martin D.
 Eisenberg, Edwin F.
 Eisenberg, Harry H.
 Eisenberg, Louis
 Eisentrout, H. G., Jr.
 Eisman, Morris J.
 Eldredge, William P.
 Eldridge, Warren P.
 Eley, Chester F.
 Elizondo, Cesar M.
 Ellerin, Albert A.
 Elliott, Mrs. C. V.
 Elliott, Donald B., Jr.
 Elliott, Paul Prag
 Elliott, T. C.
 Ellis, Lawrence Cash
 Elsberg, Milton L.
 Elwyn, Harold M.
 Emery, Roy Fred
 Emison, James Mack
 Emory, Thomas B.
 Endo, Kikuo R.
 Engberg, John Jos.
 Engel, Ralph
 Englander, C. W.
 Enten, Harry
 Enterline, Jo Anne S.
 Epley, William
 Epstein, Arnold
 Epstein, Irwin B.
 Eshleman, Joseph M.
 Estwick, Bertram M.
 Esslinger, Edward C.
 Esslinger, Edwin W.
 Essinger, Robert R.
 Esterson, Neil Earl
 Etzler, S. Alvin
 Etzler, Edward A.
 Evald, Gunnar N. G.
 Evans, Frank Barton
 Evans, M. J.
 Exler, Samuel H.
 Eybs, Earl Francis
 Ezrin, Alvin

F

Fader, John F., II
 Fadgen, Michael J.

Fahrney, Frederick
 W.
 Fainberg, Alvin Jay
 Fainberg, Edward
 Fairey, Edison A.
 Fairfield, Louis D.
 Falck, James Stanley
 Farber, David
 Farina, Morton B.
 Fassberger,
 Charles A.
 Faulkner, Ellis E.
 Fauss, Albert L., Jr.
 Fazenbaker, Ed. A.
 Fearer, William H.
 Fedder, Donald O.
 Fedder, Eli
 Federman, John J.
 Federman, R. H.
 Fee, George Thomas
 Fee, John Samuel
 Feingold, Charles
 Feinstein, Bernard S.
 Feinstein, Isadore
 Feinstein, Morris
 Feinstein, Stuart P.
 Feit, Leon
 Feldman, Charles W.
 Feldman, David
 Feldman, Edward
 Feldman, Herbert
 Feldman, Jack
 Feldman, Leon H.
 Feldman, Milton
 Feldman, Milton H.
 Feldman, Morris
 Feldstein, Benjamin
 Felicetti, Dominic
 Felsenberg, S. Z.
 Fennell, Theresa I.
 Fenton, Paul T., Jr.
 Feret, Julius W.
 Ferguson, F. P.
 Ferguson, Lebow W.
 Ferki, Joseph M.
 Feroli, Ernest Robert
 Ferrante, D. A.
 Ferraro, Marlene S.
 Ferrin, Victor W.
 Fertick, Albert A.
 Fibus, David
 Fields, Thomas E. R.
 Fiery, Frank P.
 Fiery, Max J.
 Fine, Ann Sue B.
 Fine, Jerome L.
 Fine, Morris A.
 Fineman, Bill L.
 Fineman, Hyman
 Fineman, Jerome
 Fingerhut, Harold I.

- Fink, Ellwood
 Fink, Francis T.
 Fink, Irvin
 Fink, James A.
 Finkelstein, Karl H.
 Finn, William James
 Finney, Harriet Bell
 Firnbacher, Fred S.
 Fischer, I. M., Jr.
 Fischer, E. Hamilton
 Fishbein, William
 Fishbein, Hirsch Y.
 Fisher, Arthur
 Fisher, Delphia F. Jr.
 Fisher, Donald V.
 Fisher, Edward H.
 Fisher, Joel N.
 Fisher, O. H.
 Fisher, Philip E.
 Fisher, William G.
 Fishman, Alan D.
 Fitez, George R.
 Fitzgerald, John L.
 Fitzsimmons, M. J.
 Fitzsimmons, Sister Agnes
 Flaherty, Ruth M.
 (Sister James Marie)
 Flanagan, Robert M.
 Fleckenstein, Paul A.
 Fleisher, Harry
 Flescher, Julius
 Fletcher, J. Paul
 Flom, Charles
 Flom, Sidney Herbert
 Floyd, Melvin L.
 Foer, Raymond
 Foer, Robert
 Foerster, Fred
 Fogg, Frank Emil
 Folckemmer, C. W.
 Foley, Wm. Thomas
 Foley, William T., Jr.
 Polus, Irvin H.
 Fonke, F. W.
 Footlick, Bernard
 Ford, Robert Stewart
 Forman, Leonard Q.
 Forman, Robert R.
 Forsyth, Allan R.
 Foss, Noel Elmer
 Foster, Carroll P.
 Foster, Craig C.
 Foster, Russel C.
 Fouch, Marshal S.
 Fountain, Bernard L.
 Fountain, Harold J.
 Foust, John C.
 Fowler, Esther Ellen
 Fowler, Ruth Marie
 Fowler, Thomas J.
 Fox, Abraham
 Fox, Chester David
 Fox, Marshall H.
 Fox, Samuel
 Fox, Samuel L.
 Fox, Will N.
 Foxman, Marvin Jay
 Fraase, Erwin E.
 Frailey, William A.
 Frame, Tom L.
 Francik, Joseph
 Frank, Milton M.
 Frankle, Harold N.
 Franklin, Eugene H.
 Franklin, I. Y.
 Franks, Dolores
 Franzone, Francis
 Franzoni, F. R. Jr.
 Fraser, Stanley F.
 Freed, Israel
 Freed, Mayer N.
 Freedenberg, Gerald
 Norman
 Freedenberg, Marvin
 Freedman, Leonard
 Freedman, Albert
 Freedman, George I.
 Freedman, Hannah
 Freeman, Emanuel
 G.
 Freeman, John J.
 Freeman, Joseph S.
 Freeman, Maysville
 J.
 Freeman, W. Perry
 Freeman, W. St. J.
 Freidson, Morris
 Freiman, Paul
 Freiman, Joseph
 Frey, Lewis Leslie
 Fribush, Robert
 Fried, Burton
 Friedel, Stuart L.
 Friedlander, Paul M.
 Friedlander, S. A.
 Friedmann, Aaron J.
 Friedman, Albert
 Friedman, Albert J.
 Friedman, Arnold M.
 Friedman, Bennett A.
 Friedman, Charles S.
 Friedman, Gilbert I.
 Friedman, Herbert
 Friedman, Howard
 Friedman, Irvin
 Friedman, H. M.
 Friedman, Jerome S.
 Friedman, Julian M.
 Friedman, Louis J.
 Friedman, Marvin A.
 Friedman, Melvin
 Friedman, Milton A.
 Friedman, Nathan
 Friedman, Nathan J.
 Friedman, Samuel L.
 Friedman, Saul B.
 Friedman, Sheldon
 Frieman, Jack
 Friesen, Irvin A.
 Frishberg, Kenneth
 Frishman, Samuel E.
 Frohman, Isaac
 Frontera, Victoria R.
 Frye, Wordley D.
 Full, David E., Sr.
 Fuller, Albert Irwin
 Fulmer, Verne R.
 Funk, James R.
 Furbee, Arza
 Futeral, Nathaniel
 Futrovsky, Charles
 G
 Gaber, Jerome
 Gadol, Ellis
 Gaetz, Edward F.
 Gagne, Joseph
 Gagnon, Henry J., Jr.
 Gagnon, Lester R.
 Gaine, Jerome
 Gakenheimer, Albert C.
 Gakenheimer, H. E.
 Gakenheimer, W. C.
 Gallagher, Chas. T.
 Galloway, Louis E.
 Galley, Roland P.
 Galperin, Irving O.
 Gandel, Stephen J.
 Gann, Jack
 Garache, Joseph J.
 Garden J. Harry
 Gardnier, Robert H.
 Garfinkel, Meyer
 Garner, Elliott Quinn
 Garner, Sister Mary
 Florence
 Garrison, Frederic
 Gaskin, Patricia H.
 Gass, Chas. B.
 Gates, Earl A.
 Gatto, Louis M.
 Gaver, Herman S.
 Gaver, Paul G.
 Gaver, Paul G., Jr.
 Gawthrop, Alfred J.
 Gavlinski, John E.

- Gazda, John Joseph
 Gearhart, James H.
 Geber, Isidor J.
 Geesey, Alton Luther
 Gefen, Stanley J.
 Gehring, Otto
 Geiger, Edward B.
 Geiger, George B.
 Geist, Gene N.
 Gelb, Edward
 Gelblum, Samuel
 Gellman, Murry
 Gellman, Paul
 Gelman, Martin S.
 Gelmini, Deno G.
 Gelrud, Jack
 Gendason, Harry B.
 Geoghegan, J. R., Jr.
 George, Theodore
 Geraghty, James T.
 Gerber, David
 Gergel, Stella F.
 Gerstein, Charles
 Geser, Alvin N.
 Getka, Joseph F.
 Getka, Milton S.
 Gettleman, Harry
 Giampietro, Vincent
 Giannetto, Paul
 Gibb, Thomas Edw.
 Gibbs, Hiram H.
 Gibbs, Jocelyn L.
 Giffen, Robert C.
 Gilbert, Theodore
 Gilbertson, K. G.
 Gildea, William J.
 Giles, Emily Julia
 Gilkeson, J. G.
 Giller, Morris
 Gilliece, Owen J.
 Ginaitis, A. S.
 Ginsberg, Samuel H.
 Ginsberg, Benjamin
 Ginsburg, B. H.
 Ginsburg, Harry
 Gissel, Elmer Andrew
 Gitomer, Betty
 Gitomer, David J.
 Gitomer, Louis
 Gittleson, Ralph L.
 Gladstone, Charles F.
 Glaeser, Henry J., Jr.
 Glascock, Arthur B.
 Glaser, Abraham E.
 Glaser, Louis Lester
 Glashofer, Sidney
 Glass, Abraham L.
 Glass, Julius Albert
 Glass, Larry Paul
 Glass, Louis J.
 Glassband, Herman
 Gleiman, Irvin J.
 Gleiman, Theodore
 Glenn, William A.
 Glenn, Matthew
 Glennan, Harry E.
 Glick, Harry
 Glick Henry Joseph
 Glickman, Shirley M.
 Glissmeyer, M. H.
 Glover, Douglas
 Glover, Douglas D.
 Gluck, Julius
 Gluckstern, W. H.
 Glushakow, Jacob
 Goashgarian, Karekin
 Goden, Stanley
 Godfrey, John
 Goldberg, Irving
 Goldberg, Jack
 Goldberg, Leonard
 Goldberg, Marvin B.
 Goldberg, Marvin H.
 Goldberg, Alvin
 Goldberg, Milton
 Goldberg, Harry Joel
 Goldberg, Samuel S.
 Goldberg, Stanley L.
 Goldberg, Victor
 Goldberg, Melvyn M.
 Goldfeder, Harold M.
 Goldfine, Stuart H.
 Golditch, Henry M.
 Goldin, Harold H.
 Goldman, Abram
 Goldman, Benjamin
 Goldman, Harold K.
 Goldman, Louis C.
 Goldman, Sue C.
 Goldner, Ronald
 Goldsmith, A. R.
 Goldsmith, Chester L.
 Goldsmith, Fred E.
 Goldsmith, Leon
 Goldsmith, Meyer
 Goldstein, Albert
 Goldstein, Burton J.
 Goldstein, Edward
 Goldstein, Eileen F.
 Goldstein, Harold S.
 Goldstein, Hyman
 Goldstein, Isadore A.
 Goldstein, Jack
 Goldstein, Leon E.
 Goldstein, Martin B.
 Goldstein, Morris G.
 Goldstein, Paul L.
 Goldstein, Sam Alvin
 Goldstein, Samuel W.
 Goldstone, Herbert N.
 Golob, Stanley Paul
 Gomez, Joseph R.
 Goodman, Daniel
 Goodman, Howard
 Goodman, Irvin
 Goodman, Jerome E.
 Goodman, Julius H.
 Goodman, Leon
 Goodman, Sylvan C.
 Goodman, Victor S.
 Goodwill, Frank
 Goran, Isadore
 Gorban, Thomas
 Gordon, Charles
 Gordon, Gerald S.
 Gordon, Joseph
 Gordon, Jack B.
 Gordon, Marvin
 Gordon, William
 Goren, Arthur E.
 Gorfine, Bernard M.
 Gordy, Howard Lee
 Goriup, Othmar F.
 Gottdiener, Elvin E.
 Gottlieb, David M.
 Gould, Clarendon L.
 Gould, William M.
 Gower, Earl F., Jr.
 Grabowski, B. F.
 Gradman, Lee H.
 Grafius, Melba A.
 Graham, Clarence D.
 Grant, Lawrence B.
 Grant, Russell
 Gratson, John, Jr.
 Grau, Frank J.
 Graves, C. R., Jr.
 Gray, James Herbert
 Gray, William B.
 Grebow, Aaron
 Grebow, Martin D.
 Greco, Betty Jane H.
 Greco, Salvatore J.
 Green, Lyttleton S.
 Green, Norman
 Greenawalt, Wm. G.
 Greenberg, Albert G.
 Greenberg, Bertram
 Greenberg, Harry
 Greenberg, Harry L.
 Greenberg, Harvey
 Greenberg, Joseph
 Greenberg, Leon
 Greenberg, M. G.
 Greenberg, Morton
 Greenberg, Paul R.

- Greenberg, R. E.
 Greenberg, S. W.
 Greenblatt, Elliott
 Greenblatt, Max
 Greene, Morton A.
 Greenfeld, David D.
 Greenfeld, Jacob H.
 Greenfield, Charles
 Greenlee, G. B., Jr.
 Greenspan, Louis
 Gregg, Ernest J., Jr.
 Greif, Daniel
 Greim, Robert K.
 Gresser, Isidor H.
 Griesmer, Lloyd P.
 Griffith, Robert C., IV
 Gregg, Thos. D.
 Griggs, Walter G.
 Grimm, Allen Orville
 Groff, F. B.
 Grogan, Francis A.
 Grollman, Ellis
 Grollman, Jaye J.
 Gronert, Warren A.
 Gross, Herbert S.
 Gross, John Paul
 Gross, Joseph B.
 Gross, William
 Grossblatt, Norman J.
 Grossman, Issac Wm.
 Grossman, Benj. B.
 Grothaus, David B.
 Jr.
 Grove, Donald C.
 Grubb, John E.
 Grubbs, L. R.
 Gruz, Nathan I.
 Gubinsky, Louis
 Guild, Cecil E.
 Gumenick, Leonard
 Gumm, Wilbur H., Jr.
 Gump, Lyndon, J.
 Gunby, Martin P.
 Gunsallus, Jack Wm.
 Gusman, Lawrence F.
 Gutsin, Sidney
 Guttman, Ronald B.
 Guy, John P.
 Gwiazda, Henry J.
- H**
- Haack, Clifford W.
 Haase, Charles A.
 Haase, Frederick, R.
 Haase, John Henry
 Haaz, Alfred J.
 Haberstroh, A. R.
 Hack, Morris B.
 Hackett, Angela Rose
 Hackett, Emma
 Hackley, Robert P.
 Hadley, Tom R.
 Haelbig, Franz L. A.
 Hafelfinger, Fred. T.
 Hagan, Frank C., Jr.
 Hagan, John C.
 Hager, Geo. P., Jr.
 Hahn, William A.
 Haith, J. W., Jr.
 Hall, Dwight F.
 Hall, Frederick R.
 Harr, Shirley A.
 Hall, Victoria K.
 Hall, William Walker
 Haller, Harry N.
 Halpern, Samuel M.
 Hamback, Clifford I.
 Hamberg, S. T.
 Hambright, Harold
 Theodore, Jr.
 Hamer, Marion S.
 Hamet, Harry
 Hamet, Sydney H.
 Hamill, James J.
 Hamilton, Donald R.
 Hamlin, K. E., Jr.
 Hammar, Vincent
 Coy
 Hammarstrom, P. W.
 Hancock, Herman F.
 Handelman, Jos. G.
 Handelman, Louis
 Handelman, Mayer
 Hanenbaum, Allen
 Haney, Philip C.
 Hankey, Lewis Carl
 Hanks, C. W., Jr.
 Hann, Jon T.
 Hanna, William M.
 Hannon, Marcella A.
 Hansen, Herbert O.
 Hansen, Herman F.
 Hantman, Irvin
 Haransky, David J.
 Harbaugh, Arthur C.
 Hardy, Henry C.
 Hare, Clifford A., Jr.
 Hargis, William J.
 Harman, George B.
 Harman, Richard T.
 Harmatz, Irving J.
 Harmon, Carl M.
 Harmanson, F. J.
 Harner, Joseph W.
 Harnick, Gene A.
 Harnish, Robt. A., Sr.
 Harper, Henry M.
 Harrigan, Joan K.
 Harrison, Jerold
 Harrison, Gordon M.
 Harper, William S.
 Harris, William C.
 Harrison, Alice Emily
 Harrison, S. A. D.
 Harriss, Gridley
 Hart, Jeremiah A.
 Haskell, Marian
 Hauer, Martin
 Haugh, J. A.
 Havranek, Jessie Lois
 Havranek, Robert E.
 Hayes, W. A., Jr.
 Hayes, William B.
 Haymaker, Frank B.
 Hayman, Albin A.
 Hayman, Thomas J.
 Haynes, Marvin C.
 Hayward, Luther B.
 Hayward, Robert R.
 Head, Wm. H. Jr.
 Healey, Sister Elberta
 Heck, Leroy Savin
 Hecker, David
 Hecker, N. R.
 Heer, Melvin L.
 Heer, Wilmer J.
 Heifetz, Carl Louis
 Heilman, Gerald J.
 Hein, Henry F.
 Heinrich, William J.
 Heinritz, Colen C.
 Heinritz, June R.
 Helgert, Ernest
 Helinski, Donald R.
 Heller, Joel
 Heller, John Michael
 Heller, Lawrence G.
 Heller, Raymond L.
 Heller, William M.
 Helman, Max M.
 Helmsen, Edward A.
 Hendelberg, Isidore
 J.
 Henderson, Alberta I
 Henderson, C. C. T.
 Henderson, Chas. W.
 Henderson, Ed. H.
 Henderson, M. W.
 Henderson, Robert W.
 Henderson, U. K., Jr.
 Hendin, Walter
 Hendrix, Adlai M., Jr.
 Heneson, Henry
 Heneson, Irving J.
 Henkel, Louis B., Jr.

Hensala, John David
Henretty, Ann Emily
(Sister Mary Arthur)
Henretty, F. J.
Henry, Emmanuel
Henry, Ralph A.
Henry, Theodore D.
Hens, Leonard Louis
Hergenrather, Louis,
3rd

Hernandez,

Christine M.

Hernandez, Luis
Heritage, Harold G.
Herold, Francis X.
Herron, Charles S.
Hershman, Abram S.
Hershner, John F.
Herter, Arthur C.
Hertz, Charles L.
Hertz, Selig S.
Hertzlich, Abraham
Hertzlich, Leonard
Herwod, Hilda R.
Hesson, Charles E.
Hettleman, Milton L.
Hewing, Ada C.
Heyer, Ursula E.
Heyman, Irwin A.
Heyman, Bernard P.
Heyman, Bernice
Hickey, W. Hampton
Higger, Samuel F.
Higgins, Joseph C.
Higgon, Ellery E.
Highfield, Wm.

Henry

Highkin, Sidney
Highstein, Benjamin
Highstein, Gustav
Hihn, John B., Jr.
Highkin, Manuel K.
Hileman, Emmet A.
Hilinski, Irene Leona
Hill, Eric B.
Hill, H. Phillip, Jr.
Hill, William Caulk
Hilliard, Milton E.
Hillman, Albert
Hillman, Gilbert
Hillman, Milton L.
Hillman, Sheldon J.
Hirsch, Peter
Hirschorn, Jeffrey O.
Hirschowitz, R. J.
Hirt, Joseph
Hirt, Joseph
Hirz, Bernard B.
Hoar, Marion Elwin

Hobensack, J. W.
Hocking, Harold J.
Hodge, William R.
Hodges, James E.
Hoff, David
Hoffeld, Henry Wm.
Hoffman, Asher
Hoffman, George E.
Hoffman, Harry
Hoffman, Harry L.
Hoffman, Howard
Hoffman, Marta
Hoffman, Sylvan A.
Holden, J. Frederick
Jester, J. Willard
Holen, Mitzie M.
Hollands, Sandra J.
Hollander, Sidney
Hollander, Sol
Holliday, Thomas D
Hollingsworth, Jos.
Holmes, Everett J.
Holmes, Harold G.
Holt, Worthe S.
Holthaus, Robert W.
Holt Schneider, D. W.
Homberg, Henry I.
Honkofsky, Jerome
Hood, Claude Black
Hoover, Lee F.
Hopkins, Carville B.
Hopkins, Charles H.
Hopkins, Donald
Hopkins, Harry B.
Hopkins, Howard C.
Hopkins, Murray L.
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Hornacek, A. T.
Horne, Peyton N.
Hornsby, Beverly K.
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Horwitz, Allen J.
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Horwitz, Isadore
Horwitz, Lois S.
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Howard, S. B.
Howell, John F.
Howison, Irene S.
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Hurwitz, Allan W.
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Hutchinson, Wm. J.
Hutto, George F.
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Imber, Doris
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Ingber, Louis William
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Irizarry, Ramon L.
Irving, Bruce L.
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Isaacson, Bernard S.
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Isert, Charles H.
Itzoe, Andrew J.

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Jackson, Charles C.
Jackson, Clifford P.
Jackson, John E.
Jackson, Lonnie C. J.
Jackson, Marvin M.
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Jacobs, Corinne H.
Jacobs, Eugene
Jacobs, Harry
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Jarowski, Charles
Jarrett, W. R.

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 Jernigan, John M., Jr.
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 Kelley, Guy C.
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 Kesmodel, Chas. R.
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 Kinsey, Raymond D.
 Kirk, Catherine E.
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 Klein, Benjamin F.
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 Levin, Evelyn Shirley
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 Levy, Melvin
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 Lewine, Donald S.
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 Lewis, F. Harold
 Lewis, Harry C.
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 Lifschitz, Amiram
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 Liken, Russell B.
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 Litvin, Sidney B.
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 Loetell, J. W., Jr.
 Loftus, John
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 Longenecker, J. K.
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 Lottier, William I., Jr.
 Lotz, Emma Grace
 Low, James B.
 Lowe, Carroll A.
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 Lowry, Raymond J.
 Lubin, Raymond A.
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 Lucia, H. S., Jr.
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 Luke, Harry L.
 Luley, Charles Ed.
 Lum, Max Robert
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Lyle, W. L.
Lykos, Nicholas C.
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Lyon, Andrew T.
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MacGillivray, Gordon
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Margolis, Isidore
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Martinez, Nellie E. S.
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 Moss, Arnold
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 Mossell, Aaron A.
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 Neely, Herron
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 Nelson, Kenneth H.
 Nelson, Leon L.
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 Neutze, John F.
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 Niss, Israel
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 Niznik, Paul Vincent
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 Norris, Earl M.
 Norris, Paul Edmund
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 Novick, Bernard
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 Ogurick, Alexander
 O'Hara, John James
 O'Hara, John J., Jr.
 Ohlendorf, Albert V.
 Ohly, Robert Wayne
 Okrasinski, Joseph L.
 Oken, David M.
 Oken, Jack
 Oken, Louis E.
 Oldham, Walter F.
 Oleszczuk, Melvin J.
 Olsan, Frank
 O'Neal, John Leonard
 O'Neil, Jennie A.
 O'Neill, Lawrence J.
 Orellana, Anna May
 Orlind, Harry
 Orloff, Milton
 Ortt, James Bryan
 Orzel, Rita Adele
 O'Shea, James
 Osherooff, Seymour D.
 Oshry, Faga P.
 Osburn, Darris M.
 Oshinsky, Sol
 Oster, Herbert G.
 Oster, Walter F.
 Ostrow, Milton
 Ouellette, Philip A.
 Owens, Bennie G.
 Owens, R. Hamilton
 Oxman, Meyer

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Packett, Ryland D.
 Packett, William H.
 Padousis, John
 Padussis, Anthony G.
 Pagan-Colon,
 Rafael Angel
 Paidakovich, M. J.
 Palchak, R. J. F.
 Palder, Edward L.
 Palmer, Mathias
 Palmer, Thomas R.
 Palmere, Anthony M.
 Panamarow, Stephen
 Pang, Charles E. H.
 Pannill, William E.
 Pape, Harry S.
 Parelhoff, Maurice I.
 Papiermeister, Joseph
 Parasier, Joseph

Paris, Bernard H.
 Parker, Howard E.
 Parker, John G.
 Parker, Laura
 Parker, Muriel E. N.
 Parker, Richard Dale
 Parker, Theodore E.
 Parks, Isadore J.
 Parlade, J. A.
 Parlett, George D.
 Parson, Benjamin
 Pasco, Louis Edward
 Pass, Isidore
 Pass, Stacy
 Pass, Victor Earl
 Pasterfield, Wm. T.
 Pate, William A.
 Patrick, Thomas Ed.
 Pats, Albert
 Pats, Sidney
 Pattashnick, Marvin
 Patterson, Walter J.
 Paul, Daniel A.
 Paul, Frank Ronald
 Paul, Harry Jacob
 Paul, Howard
 Paulson, Aaron Ariel
 Paulson, David
 Paxson, George W.
 Payne, Harry
 Payne, Thomas M.
 Pazdera, Frank J.
 Pazel, Joseph P.
 Pearlman, Albert
 Pearlman, David
 Pearlman, William L.
 Pearrell, Ernest H.
 Pearson, Sarah B.
 Pearson, Silas H.
 Pecarsky, Seymour
 Pelissier, Normand A.
 Pelovitz, Nathan G.
 Pemsel, E. Robert
 Pendergast, Thos. R.
 Penn, Thomas M. G.
 Pentz, R. L.
 Perel, Max
 Perkins, Alvin
 Perry, Lucy Z.
 Pertnoy, Edwin
 Perzynski, Paul R.
 Peskin, David
 Peterka, Albert A.
 Peters, Albertus B.
 Peters, Charles R.
 Petralia, Anthony J.
 Petticord, Webster B.
 Pettit, Bernard A.
 Petty, Huie Wilbert
 Pfaff, Virginia W.

- Pfeifer, Charles M.
 Pfeifer, Charles, Jr.
 Pfeifer, Edward
 Pfrogner, Richard L.
 Phelps, R. Gorman
 Phillips, Emerson C.
 Picha, Frank
 Pichney, Irving J.
 Pickett, Benjamin F.
 Pickett, John W., Jr.
 Pierce, J. W.
 Pierce, Linda Stucky
 Pierce, Robert R.
 Pierpaoli, Paul G.
 Pierson, Clarence H.
 Pietri, Margarita O.
 Pigott, C. D.
 Pilquist, Richard M.
 Pilson, Robert A.
 Pilson, Robert M., Jr.
 Pinerman, Jerome
 Pinsky, Herman H.
 Pippig, Howard A., Jr.
 Piraino, Vincent J.
 Pitner, Steven P.
 Pivo, Robert
 Plank, Donald J.
 Plank, John McNeil
 Plassnig, Edwin
 Platt, Marvin S.
 Platt, William
 Pledger, Dolores M.
 Plempel, Alfred C., Jr.
 Plotkin, Herbert
 Plotkin, Richard D.
 Plotner, William C.
 Plumley, R. Walter
 Plummer, Robert M.
 Plovsky, Nathan L.
 Podoksik, Hyman B.
 Poe, Crawford M.
 Poffenberger, H. L.
 Poggi, Gabriel J. L.
 Poindexter, James W.
 Poklis, Alphonse
 Polin, Ralph R.
 Pollekoff, Jacob
 Pollekoff, Sheldon E.
 Polekoff, Morris
 Pollack, Howard
 Pollack, Jerold J.
 Pollack, Melvin M.
 Pollack, Morton L.
 Pollock, William
 Polonsky, Murray
 Poltilove, Geo. J.
 Poltilove, Harvey G.
 Pomerantz, L. H.
 Popluder, Nathan
 Poppleton, Miller J.
 Poremsky, Joseph
 Portney, Samuel
 Porterfield, R. S.
 Portoghese, P. S.
 Posin, Benjamin W.
 Potash, Oscar
 Potler, David
 Potocki, Peter Paul
 Potts, Gifford L.
 Potts, H. L.
 Potts, James Meyer
 Powell, F. Lee
 Powell, Monte L.
 Powers, Elliott
 Powers, Julian T.
 Pozanek, Larry H.
 Poznysz, Edward L.
 Prag, Jules Benge
 Pratt, Charles A.
 Prensky, Bernard M.
 Preston, Bern. J., Jr.
 Price, Chester L.
 Price, Charles P.
 Price, Helen Elaine
 Price, Walter C.
 Prigal, Herman
 Printz, Morton P.
 Pristoop, Allan S.
 Pritzker, Sherman D.
 Prock, Glen C.
 Pross, Clarence
 Pross, Ferdinand, Jr.
 Prostic, Albert
 Prostic, Harry
 Protokowicz, S. E.
 Proudfoot, R. E.
 Provenza, Stephen J.
 Provost, F. T.
 Pruce, Alfred Albert
 Pruce, Irving M.
 Pruckner, James G.
 Pruss, Thaddeus P.
 Purvis, William V.
 Pucklis, Frank S.
 Pugatsky, David
 Pumpian, Paul A.
 Purdum, William A.
 Purnell, Dorothy M.
 Pycha, Richard J.
- Q**
- Quarles, Ralph T.
 Quasney, Emil, Jr.
 Quen, Edward Marc
 Quvedo, de Carlos G.
- R**
- Raap, Irvin Leonard
 Rabinowitz, I. W.
 Rabinowitz, Norman
 Racusin, Nathan
 Raedy, John Henry
 Raffel, Leon
 Ragains, Fred Perry
 Raichlen, Isador
 Raichlen, Samuel I.
 Raines, Arthur
 Raitt, Jacob R.
 Raksin, Irving J.
 Ralph, Bernard W.
 Ramos, I. del P.
 Ramos, Oscar R.
 Randall, Gloria D. C.
 Randels, John E.
 Raney, John W.
 Ranfone, Charles
 Rankin, Alton E.
 Rankin, Billy Frank
 Rapaport, G. H.
 Rapier, Robert M.
 Rapkin, Harvey M.
 Rapoport, Leonard
 Rappaport, Marvin
 Raschka, Theo. Lee
 Rasinsky, Milton
 Raudonis, John A.
 Rausen, Joseph
 Ravita, Salvatore J.
 Rawe, Charles E.
 Rawlins, Mildred A.C.
 Raylman, Robert C.
 Rayman, Harry M.
 Read, Herbert A.
 Reamer, Israel T.
 Reamer, Sidney H.
 Redmond, N. P., Jr.
 Reed, C. H., Jr.
 Reed, Clyde Eugene
 Reed, Jackson S. R.
 Reese, C. Clifford
 Reese, Charles C.
 Reese, Harry Eugene
 Reese, Kenneth A.
 Regimenti, Vincent J.
 Reier, George E.
 Reiner, Albert
 Reiner, Frank
 Reindollar, Wm. F.
 Reinhardt, R. L.
 Reinke, Budne C.
 Reid, Hilary H.
 Reir, Hilary H.
 Reisch, Milton
 Reisenweber, Harvey
 Donaldson
 Reiser, Arnold J.
 Reiser, Earl
 Reiter, Arthur Paul

- Reiter, Saul
 Reitz, J. J.
 Rella, Vitor M.
 Rendel, Morris
 Resnick, Elton
 Resser, William Wolf
 Restaino, F. A.
 Rettaliata, Leo
 Reynolds, A. C.
 Reynolds, Bradley A.
 Reynolds, C. E., Jr.
 Reynolds, Ralph E.
 Rezek, Geo. Jaroslav
 Reznek, Paul
 Rhode, John George
 Rhodey, Charles L.
 Ribeiro, Robert E.
 Rice, Donald A.
 Rice, Leonard M.
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 Ricedorff, Edwin M.
 Rich, Frank R.
 Richards, Kenneth O.
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 Richmond, Jerome
 Richmond, Sewell E.
 Richmond, Wm. C.
 Richter, Wm. A.
 Riedel, Walter K.
 Rigg, Robert Francis
 Riffin, Rex
 Riley, Marie Theresa
 Riley, William M.
 Rinde, Harold E.
 Ringgold, B. C.
 Rinker, Lemuel H., Jr.
 Ripley, Albert B.
 Ritchie, James R.
 Ritter, Ross W., Jr.
 Rizer, R. I.
 Robb, Irene M.
 Robbins, Gaythel S.
 Robbins, Sam S.
 Robenson, Milton N.
 Robert, Rafael
 Robert, W. H., Jr.
 Roberts, William P.
 Robertson, F. W.
 Robertson, W. F.
 Robins, Leon Israel
 Robinson, Albert J.
 Robinson, Harry B.
 Robinson, Maurita
 Robinson, P. P.
 Robinson, R. C. V.
 Robinson, S. E.
 Robinson, Zoe C.
 Robl, Mary J. K.
 Roche, John L.
 Rochester, Harry L.
 Reckman, Morris
 Roddick, Wilkin M.
 Rodell, Michael B.
 Rodgers, Sister
 Scholastica
 Rodman, Leon
 Rodman, Morris
 Rodney, George
 Rodowskas, C. A.
 Rodowskas, Jr.,
 Christopher A.
 Rodriguez,
 Francisco B. III
 Roe, Thomas E.
 Rofsky, Howard E.
 Rogers, Harold L.
 Rogers, Thomas B.
 Rogers, William Earl
 Rohoblt, Walter S.
 Romanoff, Samuel A.
 Rombro, David M.
 Rooss, Robert V.
 Rosario, Carlos del
 Rose, Jonas
 Rose, Louis
 Rose, Shep K.
 Rose, Wm. Wilson
 Rosen, Donald Merle
 Rosen, Leon
 Rosen, Ronald H.
 Rosen, Sam
 Rosenbach, Hans J.
 Rosenberg, Allen P.
 Rosenberg, B. R.
 Rosenberg, Irwin J.
 Rosenberg, Joseph J.
 Rosenberg, Leon
 Rosenberg, Leonard
 Rosenberg, Milton B.
 Rosenberg, Morris
 Rosenberg, Reuben
 Rosenberg, Robert
 Rosenberg, Walter S.
 Rosenbloom, S. L.
 Rosenfeld, Albert
 Rosenfeld, David H.
 Rosenstadt, Aaron
 Rosenstein, Aaron
 Rosenstein, Harry B.
 Rosentein, Sol
 Rosenthal, Alvin
 Rosenthal, Bernard
 Rosenthal, Emanuel
 Rosenthal, H. T.
 Rosenthal, Louis R.
 Roslyn, John J.
 Rosoff, Philip
 Ross, Earl R.
 Ross, James Davis
 Ross, Robert W.
 Ross, William A., Jr.
 Rossberg, William C.
 Rostov, Samuel J.
 Roth, Edward B.
 Roth, Martin
 Rothberg, Louis E.
 Rothman, Morris E.
 Rothmel, Jacob
 Rothstein, Paul
 Rotter, Joseph Wm.
 Rouse, Tom C.
 Rouzer, John R.
 Rowland, Mary J. B.
 Rowland, N. D.
 Rowlenson, Wm. F.
 Royce, Robert
 Francis
 Ruben, Irwin
 Rubens, Harry M.
 Rubin, Melvin N.
 Rubin, Murray Alvin
 Rubin, Samuel B.
 Rubin, Samuel S.
 Rubin, Seldon L.
 Rubin, Sylvan I.
 Rubinstein, Hyman S.
 Ruckart, Robert T.
 Ruddle, Israel M.
 Rudie, Harry
 Rudo, Herbert B.
 Rudo, Stanton M.
 Rudoff, Oscar
 Rudolph, Henry S.
 Ruff, Howard
 Ruff, William A.
 Ruhl, Frank H.
 Ruppertsburger, J. J.
 Rush, G. W. C.
 Russ, Roger M.
 Russell, J. A.
 Russell, John Alex.
 Russell, Richard P.
 Ruth, Stephen
 Walter
 Rutkin, Samuel

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- Sabatino, Louis T.
 Sable, Louis
 Sach, Abraham
 Sachs, Albert
 Sachs, Herbert A. L.
 Sachs, Michael
 Sachs, Norman R.
 Sachs, Raymond
 Sachs, Sylvan L.
 Sachs, Walter H.
 Sacki, Kurt Leo
 Sacks, Melvin
 Sacks, Morris
 Sacks, Paul D.
 Sacks, Sidney
 Sadel, David
 Sadel, Jacob
 Sadownick, Arnold
 Sadowski, Leonard J.
 Safran, Sidney
 Sager, Benjamin
 Saks, Joseph Herman
 St. Henry, Sister Mary
 Saint John, M. E.
 Salontz, Marvin F.
 Salmon, James F.
 Salus, Arthur
 Sama, Mario
 Sames, Joseph H.
 Sampson, A. J.
 Samson, Irwin L.
 Samuelson, Oscar
 Sandene, Clarence L.
 Sanders, Wm. E.
 Sandler, Charles A.
 Sandler, Solomon
 Sanner, Richard T.
 Sanseverino, John R.
 Santoni, David A.
 Santoni, Daniel A.
 Santoni, Henry A.
 Sappe, Milton J.
 Santoni, John D. H.
 Sappe, Milton C.
 Sapperstein, Alan E.
 Sapperstein, Edw. I.
 Sapperstein, Jacob J.
 Sapperstein, William
 Sarubin, Milton
 Satisky, William M.
 Satou, Marcus
 Sause, Milton P.
 Savage, Walter T.
 Savin, Jules I.
 Savitz, Melvin M.
 Sawtelle, Seth S.
 Sborofsky, Isadore
 Scafidi, Arnauld F.
 Scali, Peter Paul
 Scelfo, Octavia A.
 Scelsi, Joseph V.
 Schaech, Dorothy F.
 Schaefer, Charles A.
 Schaefer, John F.
 Schapiro, A. B.
 Schapiro, Oscar M.
 Schaumburg, N. L.
 Schechter, George
 Schechner, Jules
 Scheffrin, R. E.
 Scheinin, Benjamin
 Scheinker, Wm. H.
 Schenker, Norman L.
 Schenker, Philip
 Scher, Robert
 Scherr, Melvin G.
 Scherr, Morton B.
 Scherr, Norma L.
 Scherr, Stanley
 Schieser, David Wm.
 Schiff, Harry David
 Schiff, Howard R.
 Schiff, Nathan
 Schiller, Richard M.
 Schiltneck, Fanny
 Schindel, Harry E.
 Schindel, Samuel L.
 Schindel, Howard E.
 Schindler, Ronald E.
 Schireson, Henry J.
 Schirman, Dr. R. J.
 Schisler, Chas. H.
 Schlackman, Milton
 Schlaen, Mildred
 Schlager, Martin
 Schlaifsteyn, R.
 Schlinger, Howard R.
 Schmalzer, W. J., Jr.
 Schmidt, August W.
 Schmidt, Chas. J., Jr.
 Schmidt, F. Herman
 Schmidt, Jacob E.
 Schmidt, Geo. M.
 Schmidt, Herman
 Schmidt, Samuel
 Schmitt, Fred J.
 Schnaper, Morton J.
 Schneider, Allan M.
 Schneider, Edwin J.
 Schneider, Harold
 Schneider, Jack
 Schneider, Marvin
 Schneider, Richard J.
 Schneyer, Herbert D.
 Schochet, Paul
 Scholtz, Frank W.
 Schonfeld, Gerald
 Schonfeld, Paul
 Schor, Leo
 Schotta, Elbert Wm.
 Schrader, Harry L.
 Schreibstein, Chester
 Schucalter, Harry B.
 Schucalter, Morris E.
 Schulte, C. J. A., Jr.
 Schulte, Edward Lee
 Schultz, Lawrence M.
 Schuman, Joseph M.
 Schuman, Velma S.
 Schumer, Donald A.
 Schumm, Fred. A.
 Schuster, Gerald D.
 Schwartz, B. M.
 Schwartz, David I.
 Schwartz, George
 Schwartz, Harry
 Schwartz, Henry
 Schwartz, Francis H.
 Schwartz, J. W.
 Schwartz, Jerome
 Schwartz, John T. C.
 Schwartz, Martin
 Schwartz, Milton
 Schwartz, Nathan
 Schwartz, Sorell Lee
 Schwartz, Theo. H.
 Schwartzburt, I. L.
 Schwartzman, A. H.
 Schwatka, W. H., Jr.
 Scigliano, John A.
 Sclar, Morton J.
 Scola, Joseph
 Scott, Donald W.
 Scott, Edward D.
 Scott, Kent W.
 Sciarra, John Jack
 Scott, David I.
 Scoll, Lea H.
 Scott, S. M., Jr.
 Sealfon, Irwin I.
 Seamans, Eugene A.
 Sears, Edward DeF.
 Sedam, Richard L.
 Seechuk, William W.
 Seely, Hattie May
 Seff, David Joseph
 Segal, Edward
 Segal, Ivan G.
 Segal, Julius
 Segal, Sol C.
 Segall, Jacob Roth
 Segel, Harry
 Seibert, Stanley
 Seidel, Harry Louis
 Seidman, Henry G.
 Seidman, Sidney B.

- Smith, Camie P.
 Smith, Claude N.
 Smith, Daniel Earl
 Smith, David R.
 Smith, Dennis B.
 Smith, Edward
 Smith, Edgar C.
 Smith, Garel E.
 Smith, George G.
 Smith, George M.
 Smith, Henry W.
 Smith, Herbert C.
 Smith, Howard T.
 Smith, John Joseph
 Smith, Jos. I.
 Smith, Julius A.
 Smith, Lewis Ayer
 Smith, Maurice R.
 Smith, Morton
 Smith, Murray P.
 Smith, Paul K.
 Smith, Pierre Frank
 Smith, Robert Wells
 Smith, Raymond H.
 Smith, Rudolph, Jr.
 Smith, Sanford D.
 Smith, Theodore S.
 Smith, W. Harry, Jr.
 Smith, William E.
 Smith, William H.
 Smith, William W.
 Smulevitz, Irving
 Smulovitz, David
 Smulovitz, Sidney
 Smyth, John B.
 Snavely, R. W.
 Snell, Tom J.
 Snellinger, J. E.
 Sniadowski, A. J.
 Snively, Fred H.
 Snyder, Erwin C.
 Snyder, Jerome
 Snyder, Larry Albert
 Snyder, Nathan
 Snyder, Nathan M.
 Snyder, Paul Jay
 Snyder, Robert Ed.
 Sobczak, Valentine R.
 Sober, Julian N.
 Sober, Norman
 Soladar, Augusta L.
 Sollod, Aaron Charles
 Sollod, Herbert S.
 Sollod, Joseph A.
 Sollod, Melvin J.
 Sollod, Sylvan J.
 Solomon, Sam
 Solomon, Simon
 Solomon, S. Samuel
 Solomon, Sylvan E.
 Solsky, Robert M.
 Somerlatt, Virginia G.
 Somers, Grover S.
 Sommer, Werner J.
 Sopher, Martin J.
 Sophocleus, G. J.
 Sophocleus,
 Theodore J.
 Sosnoski, Walter J.
 Sosnowik, Lewis
 Sowell, Sam
 Sowbel, Irving
 Sowbel, Philip
 Soyles, James S.
 Spahn, J. A., Jr.
 Spain, Sister Lydia
 Spak, Allen
 Spangler, Kenneth G.
 Spano, Arthur N.
 Speaker, Tully J. J.
 Spear, Murray C.
 Spearbeck, Edward D.
 Spector, Elliott B.
 Spellman, Sister
 Mary Rita
 Sperandeo, Frank J.
 Spicer, O. W.
 Spiegelman, Robt. W.
 Spigelmire, C. E.
 Spike, Sidney
 Spindler, R. R.
 Spittel, Robert John
 Spittle, Elmer
 Sprague, Victor Hugo
 Sprech, Charles E.
 Springer, Lewis Rex
 Sprowls, Winfield S.
 Sprucebank, Roy A.
 Stafford, Earle A.
 Stahl, Charles W.
 Stahl, William M.
 Stahlhut, Carl W.
 Staley, Clifton B.
 Staller, Abraham
 Stambosky, Louis
 Standiford, Isaac W.
 Stank, Janice P.
 Stank, Kenneth E.
 Stark, Alvin
 Starr, Harvey
 Statter, Irvin Barry
 Stattner, Milton
 Staub, Brown Chas.
 Stauffer, Howard C.
 Stavelly, Roy S., Sr.
 Steel, Harold
 Steele, Frank John
 Steele, Wm. Richard
 Stecher, Joseph L.
 Steffe, John W.
 Stehl, J. V.
 Stein, Martin E.
 Stein, Milton R.
 Stein, Norman A.
 Stein, Roy H.
 Steinberg, Bernard
 Steinberg, Louis
 Steinberg, Oscar H.
 Steinberg, Sherman
 Steiner, Albert
 Steinhart, Abraham
 Steinhilber, Richard
 Stem, Albert W.
 Stempel, Edward
 Sterling, Elmer W.
 Stern, Albert W.
 Sterner, Paul E., Jr.
 Stetson, Ross C.
 Steuerman, Emanuel
 Stevens, S. E.
 Stewart, Milton E.
 Stewart, Ralph B.
 Stewart, Samuel H.
 Stichman, Solomon
 Stidger, Hugh
 Stiekman, Robert B.
 Stierer, Raymond L.
 Stiffman, George J.
 Stiffman, Jerome A.
 Stillwagon, Larmar J.
 Stokosa, Milton J.
 Stoler, Myer
 Stompler, C. R.
 Stone, Harry
 Stone, Joseph J.
 Stone, S. W.
 Storm, Norman F.
 Stotlemeyer, Chas. K.
 Stotler, Robert P.
 Stouffer, Harvey V.
 Stout, Warren E.
 Straight, Fred S.
 Strasburger, Melville
 Strasburger, Wm. R.
 Stratmann, George
 M. C.
 Strauch, John J.
 Strauch, Joseph
 Strauss, Austin
 Strauss, Bernard H.
 Strauss, Leo
 Strauss, Leon
 Streett, Edmund O.
 Streett, Mechem E.
 Strevig, John Alfred
 Stribler, J. H.
 Striner, Benjamin
 Strudwick, Pricilla P.
 Struntz, James P.
 Sudler, Charles C.

Sugar, Harold S.
 Sugar, Victor J.
 Sugarman, Henry
 Sulewski, B. A.
 Sullivan, Clarence B.
 Sullivan, Fred G.
 Sullivan, Howard D.
 Sullivan, William F.
 Sullivan, William J.
 Sultan, Walter E.
 Sumlar, Willie G.
 Sumrall, James Coy
 Sunshine, Abraham J.
 Surell, Howard S.
 Survil, Anthony A.
 Susel, Benjamin E.
 Sussman, Bernard
 Sussman, Hyman J.
 Sussman, Sidney
 Suter, Thomas J.
 Suto, Frank Jacob
 Svec, Robert Joseph
 Swabon, John J.
 Swain, Clyde C.
 Swain, Wilson B.
 Swartz, Charles J.
 Swartz, Harold A.
 Swartz, Irving E.
 Swiss, Nancy Lee
 Swiss, F. L.
 Symons, Julius
 Syracuse, Samuel F.

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Tabak, William
 Tabler, C. W.
 Taetle, Herman I.
 Taich, Louis
 Tam, Clement W. S.
 Tamberino, Frank J.
 Taransky, Allen A.
 Tarantino, John
 Thos
 Tate, Joseph McCall
 Tattar, Leon Lee
 Taylor, Gary Louis
 Taylor, Joseph S.
 Taylor, Linda T.
 Taylor, Nancy L. G.
 Tague, Mary J.
 (Sister John
 Elizabeth)
 Tee, Harry C., Jr.
 Telasha, Donald A.
 Tenberg, David Paul
 Teramani, J. A.
 Terrell, Alexander A.
 Tesman, Jacob
 Thal, Johann M.

Thayer, Franklin E.
 Theodore, R. M.
 Thiess, Robert E.
 Thomas, Charles E.
 Thomas, Francis B.
 Thomas, Frank J., Jr.
 Thomas, George R.
 Thomas, George S.
 Thomas, John R.
 Thomas, Oscar B.
 Thomas, Robert
 Willis, Jr.

Thomas Sara S.
 Thome, Charles C.
 Thorne, Charles F.
 Thrall, Ralph B.
 Thompson, Joseph E.
 Thompson, Paul H.
 Thompson, Robert E.
 Thompson, Wm. P.
 Thorne, Jean Musey
 Thornton, Henry L.
 Thornton, William H
 Thorp, Clare Faye
 Thron, Edward, Jr.
 Tillery, John Wm.
 Timmons, W. D., Jr.
 Tinelli, Vito, Jr.
 Tinney, Francis J.
 Tipton, Frank B.

Title, Irwin
 Titlow, H. B.
 Titus, Sister Mary I.
 Tober, Theodore W
 Todd, Harvey E.
 Todd John C.
 Todd, Robert Cecil
 Toelle, Milton F.
 Tokar, Elliot Sanford
 Tolson, Bert D.
 Tompa, Dolores F.
 Tompakov, Sylvan
 Tomsco, Robert F.
 Toole, Frank Leo
 Topakas, George A.
 Topchik, Howard
 Tountas, Chris Peter
 Tourkin, David
 Traband, M. T., Jr.
 Trachtenberg, Doris
 Trachtenberg, Earl S.
 Trageser, Jacqueline
 Tralins, Julius Jos.
 Tramer, Arnold
 Tregoe, Charles H.
 Tremaine, Stanley A.
 Tremaine, Warren L.
 Tristani, Ettore
 M., Jr.
 Toronto, Nicholas A.

Treichel, Thomas K.
 Trittle, Richard R.
 Tronwood, Thos. G.
 Troxell, Will F.
 Truitt J. Gordon
 Truitt, James W., Jr.
 Trull, Alfred C.
 Truxton, Charles O.
 Trygstad, Vernon O.
 Tucker, Alexander
 Tucker, William W.
 Tumas, John
 Turgeon, Louis R.
 Turlington, R. A.
 Turner, A. F., Jr.
 Turner, Edwin C.
 Turner, Zachariah III
 Turpin, H. J.
 Twigg, Theodore K.
 Tyerell, M. R.
 Tyler, John Paul

U

Uhler, Gerard M.
 Ulan, Martin S.
 Ullman, Donald A.
 Ullman, Kenneth C.
 Undang, Arnold
 Urlock, John P., Jr.
 Urspruch, William G.

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Van Allan, Peter
 Vandervort, Patricia
 Van Duzer, Roberta
 Vansant, Bayard
 Van Slyke, Amos R.
 Vasper, David Robert
 Veasey, John
 Vehrencamp, E. L.
 Veith, Sally E.
 Venick, Marvin L.
 Verchik, John Wm.
 Vezina, Armand B.
 Vicino, Dominic J.
 Vidal, Manuel J.
 Vilkas, Leo J.
 Vinson, R. B.
 Visel, C. G.
 Vodenos, Philip N.
 Volkman, Maurice M.
 Volpe, William J.
 Vogel, George
 Vojik, Edward C.
 Vondracek, John W.
 Voshell, William F.
 Voshell, William Jr.
 Voxakis, George C.

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- Wachsman, Irvin L.
 Waddell, Samuel J.
 Wagenheim, Zelick
 Waggoner, Edgar G.
 Wagman, Barlow J.
 Wagman, Mishel H.
 Wagner, Betty G.
 Wagner, Fred. H. J.
 Wagner, George W.
 Wagner, Herbert C.
 Wagner, Karl G.
 Wagner, Charles H.
 Wagner, Phyllis H.
 Wagner, Raphael H.
 Wailes, Henry S.
 Wainger, Edward
 Waitsman, Earl S.
 Walb, Winfield A.
 Walb, Winfield S.
 Walch, Edward E.
 Wald, Sheldon G.
 Walden, Robert W.
 Waldsachs, Joseph J.
 Waldman, Alvin M.
 Waldman Jacob
 Walker, Alfred
 Walker, Carl Samuel
 Walker, Paul A.
 Walker, R. H.
 Walkling, Walter D.
 Wallace, Joseph T.
 Waller, Irvin Robert
 Waller, William J.
 Wallis, Henry Hill
 Walman, Morris
 Walsh, Richard J.
 Walters, Donald G.
 Walter, James B., Jr.
 Walter, Norman W.
 Walton, Tracy McC.
 Walts, David Y.
 Waltz, Bradley H.
 Walzer, Adolph
 Waltzinger, A. F., Jr.
 Wankel, Richard A.
 Waples, Wm. Ewing
 Ward, Francis X.
 Ward, Michael J.
 Ward, Stark
 Warfield, Albert H.
 Warfield, S. Roland
 Warfield, Harry N.
 Wargell, Walter F.
 Warren, Daniel A.
 Warren, Jerome B.
 Warren, J. Noble
 Warrenfeltz, J. Fred.
 Warrington, C. L., Jr.
 Warshaw, Samuel E.
 Warthen, John D., Jr.
 Wassell, Theodore J.
 Wasserman, Irwin
 Wasserman, L. W.
 Wasserman, Louis W.
 Waterman, H. E.
 Waterman, R. H.
 Waters, Charles C.
 Waters, Joseph Thos.
 Watkins, J. W.
 Watkowski, Milton R.
 Watts, C. C.
 Watts, Edward N.
 Watts, Howard C.
 Waxman, Milton M.
 Wear, Arthur H.
 Weaver, Beverly A.
 Weaver, Frank H.
 Weaver, Warren E.
 Webb, James S.
 Webster, Samuel E.
 Webster, Thomas C.
 Weeks, John A.
 Wegad, Evelyn
 Wehler, Randolph
 Wehner, Daniel G.
 Weinbach, Eugene C.
 Weinberg, Harry
 Weinberg, Myron S.
 Weinberg, Sydney G.
 Weinberger, Sally D.
 Weiner, Alex
 Weiner, Bernard
 Weiner, David
 Weiner, Leon
 Weiner, Martin
 Weiner, Morton H.
 Weiner, Phillip P.
 Weiner, Solomon
 Weiner, William
 Weingarten, J. H.
 Weinshenker, A.
 Weinstein, Daniel D.
 Weinstein, Jack J.
 Weinstein, Michael L.
 Weisberg, Ruth R.
 Weiss, Bernard
 Weiss, Robert
 Welch, Louis J. F.
 Wells, John S.
 Welsh, James J., Jr.
 Weltner, William
 Wenschhof, Donald E.
 Werley, LeRoy D., Jr.
 Wertheimer, Samuel
 Wesley, Maris P.
 Wesolowski, Frank J.
 West, Charles C.
 West, Fred Ralph
 West, Henry A.
 Westover, David A.
 Wetchler, Solomon
 Wharton, John C.
 Wharton, Thomas P.
 Whayland, Sewell H.
 Wheeler, Ann W.
 Wheeler, John B., III
 Whise, Kenneth J.
 White, Bernard N.
 White, G. W.
 White, Geo. Spencer
 White, E. Riall, Jr.
 White, Kermit D.
 White, Luther
 White, Marilyn J. W.
 White, Pinkney M.
 White, Thomas N.
 Whitefield, James M.
 Whiteley, Roland S.
 Whiteley, William S.
 Whitesell, Elwood E.
 Whitesell, Reese E.
 Whitiker, C. Irwin
 Whitley, L. B.
 Whittaker, E. W.
 Whitemore, Edwin
 Wich, Carlton E.
 Wich, Henry E.
 Wich, J. Carlton
 Wiederkehr, Martin
 Wiener, Maurice
 Wierner, Herbert
 Wight, F. L., Jr.
 Wilder, Earle M.
 Wildsmith, Thos. H.
 Wilensky, Julius T.
 Wiley, Robert Allen
 Wilhelm, Clarence W.
 Wilkerson, Albert R.
 Willard, Jester J.
 Wille, Harry R.
 Willer, Rose P.
 Williams, Alfred S.
 Williams, Clyde G.
 Williams, Edward B.
 Williams, Lawson, Jr.
 Williams, Louis F.
 Williams, Milton
 Williams, William O.
 Williams, Willis J., Jr.
 Williamson, E. L.
 Williamson.
 Richard J.
 Willke, Herbert H.
 Wilson, Edward M.
 Wilson, Franklin D.
 Wilson, John Jacob
 Wilson, John W.
 Wilson, Sister M.
 Joan of Arc

Wilson, Ulmer
 Wilson, W. M., Jr.
 Wilson, W. W.
 Wilson, Walter W.
 Wilson, Wilfrid A. N.
 Winakur, Arthur
 Winakur, Stuart
 Windsor, Lester D.
 Winger, David Z.
 Winger, Effie V.
 Winkleman, Leonard
 Louis
 Winkler, William H.
 Winn, Solomon
 Winslow, Edwards F.
 Winstead, Oliver P.
 Winter, Samuel
 Winternitz, R. F.
 Wirth, Ferdinand F.
 Jr.
 Wishner, Arnold B.
 Wisner, Philip R.
 Withers, James B.
 Witt, Richard L.
 Wittik, Jerome S.
 Witzel, John F.
 Witzke, Carl H.
 Wlodkowski, E. M. J.
 Wode, Alvin E. W.
 Woehner, Walter A.
 Wojcik, Frank R.
 Wolf, G. Ernest
 Wolf, Nathan
 Wolf, Robert F.
 Wolfe, Eddie
 Wolfe, J. Albert
 Wolfe, James J.
 Wolfe, Morris
 Wolfe, W. H.
 Wolff, Donald W.
 Wolford, Keith H.
 Wolfovitz, Martin I.
 Wolfovitz, Sam
 Wolinsky, Leon H.
 Wollman, Joseph I.
 Wolpert, Arthur
 Wolsiewick, R. F.
 Wood, Marguerite L.

Woltman, Enos Fred
 Wong, Margaret
 Wong, Ronald J.
 Woodman,
 Harrison Payne
 Woods, Dennis S.
 Woodward, J. S., Jr.
 Woolford, Elmer B.
 Wooten, R. O.
 Worden, Lloyd G.
 Worrall, Fred. W.
 Wright, Henry D.
 Wright, Joseph
 Wright, L. R.
 Wright, Myron J.
 Wright, Thomas G.
 Wright, L. B., III
 Wright, Lawrence M.
 Wroth, Emory S.
 Wyatt, Blanche B.
 Wylie, H. Boyd, Jr.
 Wynn, Richard L.

Y

Yager, Frank
 Yaffe, Morris Robert
 Yaffe, Samuel S.
 Yaffe, Stanley J.
 Yankeloff, Louis G.
 Yarmosky, Jack J.
 Yaros, Rudolph R.
 Yee, Susan
 Yevzeroff, Benjamin
 Yevzeroff, David A.
 Yevzeroff, J. E.
 Yingling, Gary L.
 Yohn, Charles R.
 Yospa, Irvin
 Yost, Frederick
 Youch, Charles A.
 Young, Charles L.
 Young, Donald Roy
 Young, George I., Jr.
 Young, James M.
 Young, Paul Roscoe
 Yousem, Jonas J.
 Yuscavage, Wm. J.

Z

Zajac, Walter C.
 Zaleski, Raymond A.
 Zalevsky, Sidney M.
 Zalucky, Theodore B.
 Zambello, James
 Zamecki, Robert J.
 Zappulla, Santo A.
 Zaretsky, Robert B.
 Zarych, Joseph F.
 Zeigler, Gervis B.
 Zeller, Chas. B. Boyle
 Zellers, Darryl D.
 Zenitz, Barnard L.
 Zentz, Milton
 Zerwitz, Warren G.
 Zetlin, Henry
 Zerofsky, Frank
 Zerofsky, Harold
 Zervitz, Max M.
 Zerwitz, Irving F.
 Zerwitz, Sidney
 Zeytoonian, Carl L.
 Ziegler, Charles L.
 Ziegler, John H.
 Zilber, S. Nathan
 Zinamer, David J.
 Zimmer, Reid A.
 Zimmerman, E.
 Zimmerman, E. R.
 Zimmerman, E. F.
 Zimmerman, L. M.
 Zimmerman, Myron
 Zimmerman, T. E.
 Zimnoch, Francis X.
 Zinberg, Milton M.
 Zink, William P.
 Zitomer, Albert
 Zolenas, A. J., Jr.
 Zuchowski, Victor L.
 Zucker, Paul
 Zukerberg, Morris
 Zulty, Joan H.
 Zvares Simon

REGISTERED ASSISTANT PHARMACISTS IN MARYLAND

The following list of Assistant Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland.

A

Adalman, Philip
Adams, E. Raymond
Albert, Arleigh H.
Amberg, Richard O.
Anderson, W. A

B

Baker, Harry B.
Baker, James I.
Balmert, Frank C.
Barr, William W.
Barrett, Francis O.
Barrow, Edward W.
Bell, Elizabeth A.
Berchwitz, B. J.
Bere, J. G.
Bernstein, Joseph
Biggs, Eldridge F.
Blatt, Henry
Blizzard, Ella M.
Boone, Wiley James
Bowmeyer, Alvin S.
Brandenburg, L. R.
Briele, August Kern
Brille, F. R.
Brooks, Homer C.
Brown, Emma H.
Brown, William
Bryan, Arthur H.
Burton, Perry P.

C

Caldwell, Gerald E.
Caplan, Abraham
Carter, Clarence L.
Cherry, John M.
Christ, Edwin L.
Christopher, H. B.
Cizek, George
Clarke, Hugh V.
Cohen, Morris G.
Collenberg, Girdwood
Colona, Clarence J.
Colston, Benjamin A.
Copes, James
Corbett, E. S.
Cotter, Edward F.

Council, E. W.
Crowther, Aloha H.

D

Davis, Edward Mann
Dayhoff, Edward B.
Deal, Justin
Deiter, Louis V.
Derry, John W.
Diggs, Paul A.
Dougherty, Carl E.

E

Easton, Maurice C.
Edwards, Gustav A.
Eselhorst, Albert R.

F

Fearson, E. T.
Feitelberg, Samuel L.
Fields, William A.
Fiske, Christian
Flack, Herbert L.
Flounders, Mark E.
Flynn, Paul Francis
Forein, Belle
Forsythe, William F.
Fox, Lester
Fox, William R.
Frazier, Henderson S.
Full, R. F.
Funk, John W.

G

Gilmer, Franklin S.
Glantz, Hiram A.
Glick, S. Shipley
Grote, Francis C. E.

H

Hague, Aldred E.
Hablison, Charles C.
Harley, John V.
Hassen, John E.
Heise, John E.
Herman, Mrs. H. G.
Hicks, F. I.

Hinton, George H.
Hipsley, Oscar
Holloway, M. A.
Hood, Thomas E.
Hope, John W.
Hopkins, Annie M.
Horn, Amanda I.
Hughes, Ephraim G.
Humphreys, Wm. G.
Humphreys, W. B.
Hunter, Livingston O.

I

Ichniowski, Casimer T.
Ireland, Philip B.

J

Jester, Henry F.
Jones, Albert B.
Jones, Howard Wm.
Jones Paul C.

K

Kammerer, Wm. H.
Keenan, Robert
Keller, J. E.
Kirby, Robert M.
Klink, John C.
Kolb, Edwin
Kolb, Walter R.
Kress, Milton B.

L

Lambden, Francis A.
Leary, Anna W.
Leberman, S. K. L.
Lee, Russell E.
Leiva, Carlos E.
Lemke, William F.
Levin, Milton
Lewissan, Farry
Lilly, W. I.
Lingo, Robert W.
Litsinger, Vernon L.
Lloyd, George A.
Lytle, E. C.

M

McClenny, Dick C.
 McCormick, Arthur F.
 McDonald, Joseph F.
 McKay, Wm. Kenny
 McKenna, W. C.
 Mace, W. S.
 Machin, Frank H.
 Main, Clarence Z.
 Marek, Charles D.
 Marley, John V.
 Martz, Wm. E.
 Matthew, W. S.
 Mayer, Fred
 Mayers, Harry J.
 Meck, Charles H.
 Meredith, Charles L.
 Meyers, George
 Michael, M. Harlan
 Mikules, Cordelia L.
 Millet, Joseph
 Minchewer, W. H.
 Moore, Sarah S.
 Morgan, Walter L.
 Mullikin, John F.
 Mund, Maxwell H.
 Murphey, Joseph A.

N

Newman, George L.
 Newmeyer, Alvin S.
 Norton, John C.
 Nusbaum, Clement I.

O

Otto, Harry C.

P

Parker, George H.
 Payntel, Clara S. M.
 Petts, George E., Jr.
 Pharr, D. C.
 Phillips, Benton S.
 Phillips, Edwin J.
 Porterfield, Milton P.
 Powers, James W.
 Pressler, W. H.
 Price, Roscoe D.
 Proctor, S. Howard

Q

Quinn, Egbert L.
 Quinn, J. Louis

R

Raiva, Philip
 Ramsay, Thomas L.
 Rauck, Arthur E.
 Rauth, John Wm
 Raynor, Clark S.
 Reckitt, Charles E.
 Renanhan, John L.
 Riff, Charles
 Ritch, Thomas W.
 Robinson, H. M., Jr.
 Robinson, James
 Rowe, Grace E.
 Rubin, Mortimer M.
 Rudo, Nathan
 Ruhl, Emma
 Russel, W. M.

S

Sanders, Albert J.
 Sauer, Mary Louisa
 Saunders, Thomas S.
 Schnabel, William T.
 Schochet, George
 Schulte, August W.
 Schwartz, Daniel J.
 Scott, Virginia P.
 Sears, Florence
 Sheman, George P.
 Shipley, Samuel H.
 Shivers, M. L.
 Skilman, L. G.
 Smith, J. Moseley
 Smith, Leroy A.
 Sprague, Lewis H.
 Stacey, T. E., Jr.
 Staling, J. C.
 Stanward, M. Benton
 Stevenson, W. H.
 Stimmer, Richard E.
 Stouffer, Clyde R.
 Stouffer, Rankin
 Strause, Geo. Alvin
 Suter, Louis A.

T

Taylor, James Alfred
 Thomas, George W.
 Thome, E. Reynolds
 Thompson, Jerome J.
 Thompson, Oma M.
 Thomson, J. A.
 Todd, Arch McA.
 Totz, Hammond
 Toulson, Hattie I.
 Toy, Arthur T.
 Trail, Edith I.
 Trainor, William J.
 Trattner, James N.
 Troxel, Effie M.

V

Von Helms, Ernest
 Vosatka, John

W

Walch, William F.
 Walter, J. W.
 Walton, H. Webster
 Ward, Harry E.
 Watts, S. Tarlton
 Weaver, Harry C., Jr.
 Weaver, Lincoln R.
 Weller, Argie G.
 Weller, Charles G.
 Weller, Harry
 White, Earle C.
 White, Robert C.
 Wiggers, Clarence H.
 Wiernik, Clarence
 Williams, Amos C.
 Williams, C. D.
 Wilson, Joseph O.
 Wolf, Alan G.
 Wrenick, Clarence
 Wright, Edna Kirk
 Wright, Loretto
 Wright, Walter T.

Y

Young, H. W.

Z

Zacharias, Edwin

OFFICERS OF THE ASSOCIATION SINCE ITS ORGANIZATION

Presidents

1883—J. J. Thomsen	1925—S. Y. Harris
1884—D. C. Aughinbaugh	1926—H. A. B. Dunning
1885—E. Eareckson, M. D.	1927—Harry R. Rudy
1886—A. J. Corning	1928—Howell W. Allen
1887—William Simon, M. D.	1929—Geo. W. Colborn, Jr.
1888—J. Walter Hodges	1930—L. S. Williams
1889—M. L. Byers	1931—Wm. B. Spire
1890—E. M. Foreman	1932—L. M. Kantner
1891—Columbus V. Emich	1933—L. V. Johnson
1892—John Briscoe, M. D.	1934—Andrew F. Ludwig
1894—John F. Hancock	1935—Harry W. Matheney
1895—Henry J. Hynson	1936—Melville Strasburger
1896—H. B. Gilpin	1937—Robert L. Swain
1897—W. C. Powell	1938—A. A. M. Dewing
1898—Robert S. McKinney	1939—A. N. Hewing
1899—A. R. L. Dohme	1940—Lloyd N. Richardson
1900—Wm. E. Turner	1941—T. Ellsworth Ragland
1901—Louis Schulze	1942—Elmer W. Sterling
1902—J. Webb Foster	1943—Frank L. Black
1903—W. E. Brown	1944—Ralph C. Dudrow
1904—H. Lionel Meredith	1945—Harry S. Harrison
1905—M. A. Toulson	1946—Albin A. Hayman
1906—J. E. Hengst	1947—Charles S. Austin, Jr.
1907—Owen C. Smith	1948—Milton J. Fitzsimmons
1908—W. M. Fouch	1949—Nelson G. Diener
1909—John B. Thomas	1950—Howard L. Gordy
1910—Charles Morgan	1951—William E. Waples
1911—James E. Hancock	1952—Manuel B. Wagner
1912—D. P. Schindel	1953—Otto W. Muelhause
1913—J. Fuller Frames	1954—Lester R. Martin
1914—J. F. Leary	1955—Hyman Davidov
1915—Geo. A. Bunting	1956—Frank J. Macek
1916—Thomas M. Williamson	1957—George M. Schmidt
1917—Eugene W. Hodson	1958—Frank Block
1918—W. H. Clarke	1959—Gordon A. Mouat
1919—D. R. Millard	1960—Harold M. Goldfeder
1920—G. E. Pearce	1961—Norman J. Levin
1921—R. E. L. Williamson	1962—Victor H. Morgenroth, Jr.
1922—A. L. Lyon	1963—William A. Cooley
1923—C. L. Meyer	1964—Solomon Weiner
1924—W. K. Edwards	1965—Alexander J. Ogrinz, Jr.

First Vice-Presidents

1883—C. W. Crawford	1894—Henry P. Hynson
1884—Steiner Schley	1895—J. W. Cook
1885—Levin D. Collier	1896—Robert S. McKinney
1886—Joseph B. Boyle	1897—W. S. Merrick
1887—C. W. Crawford	1898—August Schrader
1888—C. H. Redden	1899—C. C. Waltz
1889—D. M. R. Culbreth	1900—L. R. Mobley
1890—Chas. Caspari, Jr.	1901—J. Webb Foster
1891—John Briscoe, M. D.	1902—M. A. Toulson
1892—T. W. Smith	1903—Owen C. Smith

First Vice-Presidents

(Continued)

1904—Mercer Brown	1936-1937—A. A. M. Dewing
1905—Henry Howard	1938—A. N. Hewing
1906—A. L. Pearre	1939—Lloyd N. Richardson
1907—J. H. Farrow	1940—T. E. Ragland
1908—J. G. Beck	1941—Elmer W. Sterling
1909—W. C. Aughinbaugh	1942—Frank L. Black
1910-11—D. P. Schindel	1943—Ralph C. Dudrow
1912—J. Fuller Frames	1944—Harry S. Harrison
1913—J. D. Stotlemeyer	1945—Albin A. Hayman
1914—G. A. Bunting	1946—Charles S. Austin, Jr.
1915—Thomas M. Williamson	1947—M. J. Fitzsimmons
1916—Eugene W. Hodson	1948—Nelson G. Diener
1917—W. H. Clarke	1949—Howard L. Gordy
1918—D. R. Millard	1950—William E. Waples
1919—G. E. Pearce	1951—Manuel B. Wagner
1920—R. E. L. Williamson	1952—Otto W. Muehlhaue
1921—E. Riall White	1953—Lester R. Martin
1922—C. L. Meyer	1954—Hyman Davidov
1923—W. K. Edwards	1955—Frank J. Macek
1924-25—H. A. B. Dunning	1956—George M. Schmidt
1926—H. R. Rudy	1957—Frank Block
1927—Howell W. Allen	1958—Gordon A. Mouat
1928—George W. Colborn, Jr.	1959—Harold M. Goldfeder
1929—L. S. Williams	1960—Norman J. Levin
1930—W. B. Spire	1961—Victor H. Morgenroth, Jr.
1931—L. M. Kantner	1962—William A. Cooley
1932—L. V. Johnson	1963—Solomon Weiner
1933—Andrew F. Ludwig	1964—Alexander J. Ogrinz, Jr.
1934—Harry W. Matheney	1965—Morris R. Yaffe
1935—Melville Strasburger	

Second Vice-Presidents

1883—Thomas W. Shryer	1910—R. E. L. Williamson
1884—A. J. Corning	1911—J. D. Stotlemeyer
1885—Henry R. Steiner	1912—Henry Howard
1886—John T. Wooters	1913—Geo. A. Bunting
1887—J. Walter Hodges	1914—Henry Howard
1888—J. F. Leary	1915—Eugene W. Hodson
1889—Joseph B. Garret	1916—C. K. Stotlemeyer
1890—D. C. Aughinbaugh	1917—D. R. Millard
1891—F. A. Harrison	1918—G. E. Pearce
1892—J. Fuller Frames	1919—R. E. L. Williamson
1894—C. B. Henkel, M. D.	1920-21—J. W. Westcott
1895—George E. Pearce	1922—W. K. Edwards
1896—Steiner Schley	1923—H. A. B. Dunning
1897—Louis Schulze	1924—S. Y. Harris
1898—Eugene Worthington	1925—L. L. Kimes
1899—John M. Weisel	1926—Howell W. Allen
1900—J. F. Leary	1927—Geo. W. Colborn, Jr.
1901—E. T. Reynolds	1928—L. S. Williams
1902—W. J. Elderdice	1929—Wm. B. Spire
1903—Alfred Lapouraille	1930—L. M. Kantner
1904—H. L. Troxel	1931—L. V. Johnson
1905—J. J. Barnett	1932—A. F. Ludwig
1906—Alfred Lapouraille	1933—Harry W. Matheney
1907—W. C. Carson, M. D.	1934—Melville Strasburger
1908—Franz Naylor	1935—A. A. M. Dewing
1909—W. G. Lowry, Jr.	1936-37—A. N. Hewing

Second Vice-President

(Continued)

1938—Lloyd N. Richardson	1952—Lester R. Martin
1939—T. E. Ragland	1953—Hyman Davidov
1940—E. W. Sterling	1954—Frank J. Macek
1941—Frank L. Black	1955—George J. Schmidt
1942—Ralph C. Dudrow	1956—Frank Block
1943—Harry S. Harrison	1957—Gordon A. Mouat
1944—Albin A. Hayman	1958—Harold M. Goldfeder
1945—Charles S. Austin, Jr.	1959—Norman J. Levin
1946—M. J. Fitzsimmons	1960—Victor H. Morgenroth, Jr.
1947—Nelson G. Diener	1961—William A. Cooley
1948—Howard L. Gordy	1962—Solomon Weiner
1949—William E. Waples	1963—Alexander J. Ogrinz, Jr.
1950—Manuel B. Wagner	1964—Morris R. Yaffee
1951—Arthur C. Harbaugh	1965—Milton A. Friedman

Third Vice-Presidents

1883—Hugh Duffy	1925—A. N. Hewing
1884—Levin D. Collier	1926—G. W. Colborn, Jr.
1885—T. W. Smith	1927—L. S. Williams
1886—J. Walter Hodges	1928—Wm. B. Spire
1887—Henry A. Elliott	1929—L. M. Kantner
1888—John Briscoe, M. D.	1930—L. V. Johnson
1889—E. M. Foreman	1931—A. F. Ludwig
1890—J. F. Hancock	1932—Chas. D. Routzahn
1891—J. E. Henry	1933—Melville Strasburger
1892—C. B. Henkel, M. D.	1934—A. A. M. Dewing
1894—George E. Pearce	1935—A. N. Hewing
1895—J. W. Smith	1936-1937—Lloyd N. Richardson
1896—Thomas H. Jenkins	1938—T. E. Ragland
1897—A. Eugene DeReeves	1939—Elmer W. Sterling
1898—C. C. Ward, M. D.	1940—Frank L. Black
1899—C. H. Michael	1941—Ralph C. Dudrow
1900—W. E. Brown	1942—Harry S. Harrison
1901—O. G. Schuman	1943—Frederick B. Eason
1902—W. R. Jester	1944—Charles S. Austin, Jr.
1903—Henry Howard	1945—Milton J. Fitzsimmons
1904—Wm. D. Campbell	1946—Nelson G. Diener
1905—W. S. Carson, M. D.	1947—Howard L. Gordy
1906—A. J. Keating	1948—William E. Waples
1907—J. D. Stotlemeyer	1949—Manuel B. Wagner
1908—H. R. Rudy	1950—Arthur C. Harbaugh
1909—E. Riall White	1951—Otto W. Muehlhause
1910—J. P. Keating	1952—Hyman Davidov
1911—W. M. Carson, M. D.	1953—Frank J. Macek
1912—John G. McIndoe	1954—George M. Schmidt
1913—W. H. Clarke	1955—Frank Block
1914—E. W. Hodson	1956—Gordon A. Mouat
1915—C. K. Stotlemeyer	1957—Harold M. Goldfeder
1916—John I. Kelly	1958—Norman J. Levin
1917—G. E. Pearce	1959—Victor H. Morgenroth, Jr.
1918—R. E. L. Williamson	1960—William A. Cooley
1919—J. W. Dorman	1961—Solomon Werner
1920-21—W. K. Edwards	1962—Alexander J. Ogrinz, Jr.
1922—H. A. B. Dunning	1963—Morris R. Yaffee
1923—J. H. Farlow	1964—Milton A. Friedman
1924—A. C. Lewis	1965—Stephen J. Provenza

Fourth Vice President

- | | |
|-------------------------------|--------------------------|
| 1960—Solomon Weiner | 1963—Milton A. Friedman |
| 1961—Alexander J. Ogrtzn, Jr. | 1964—Stephen J. Provenza |
| 1962—Morris R. Yaffe | 1965—Samuel Wertheimer |

Secretaries

- | | |
|-------------------------|------------------------------|
| 1883—John W. Geiger | 1903—Louis Schulze |
| 1884-88—M. L. Byers | 1904—Owen C. Smith |
| 1889-94—John W. Geiger | 1905—Louis Schulze |
| 1895—J. F. Hancock | 1906—Owen C. Smith |
| 1896—Henry Maisch | 1907-1942—E. F. Kelly |
| 1897-99—Charles H. Ware | 1942-52—Melville Strasburger |
| 1900—Louis Schulze | 1953-61—Joseph Cohen |
| 1901-02—Owen C. Smith | 1961-65—Nathan I. Gruz |

Treasurers

- | | |
|---------------------------|------------------------------|
| 1883-85—E. Walton Russel | 1907-13—J. W. Westcott |
| 1886-94—Samuel Mansfield | 1914-23—S. Y. Harris |
| 1895—Henry B. Gilpin | 1924-29—G. P. Hetz |
| 1896-98—D. M. R. Culbreth | 1930-1936—Harry S. Harrison |
| 1899-1900—W. M. Fouch | 1937-1953—J. F. Wannenwetsch |
| 1901—J. R. Beck | 1954-55—Gordon A. Mouat |
| 1902-05—H. R. Rudy | 1955-63—John F. Wannenwetsch |
| 1906—G. C. Wisotzki | 1963-65—Morris Lindenbaum |

Editors

- | | |
|--------------------------------|------------------------|
| 1925-1939—Robert L. Swain | 1953-61—Joseph Cohen |
| 1939-1952—Melville Strasburger | 1961-65—Nathan I. Gruz |

MARYLAND PHARMACEUTICAL ASSOCIATION

ROLL OF MEMBERS

Active Members—As of October 1, 1965

(The following addresses are in Baltimore with Zone No. following street, unless otherwise designated).

Aaronson, Alfred I.	3729 S. Hanover St., 21225
Abramowitz, Robert N.	2401 E. Federal Street, 21213
Abramson, Alfred.	325 S. Marlyn Ave., Essex 21221
Albert, Irvin J.	3811 Canterbury Road, 21218
Albrecht, Walter E.	310 Maple Road, Linthicum Heights
Albrecht, William F.	7423 Baltimore Avenue, College Park
Aldrich, Clayton B.	12611 Safety Turn, Bowie 20715
Alessi, Alfred H.	3532 Northern Pkwy., 21206
Allen, Benjamin F.	4416 Hillside Ave., 21229
Allen, C. Murray	243 Virginia Ave., Cumberland
Alpern, Elwin H.	1504 15th Street, Odenton
Amass, Arnold L.	Route 140, Finksburg
Anderson, D. R. (People's)	4829 Oxon Run Dr., Oxon Run Hills 20031
Ansell, Max S.	24 E. Madison Street, 21202
Apitz, Fred W.	6227 N. Charles Street, 21212
Applestein, Frank	1045 N. Fulton Ave., 21217
Applestein, Harry A.	Garrison Forest Rd., Rt. 1, Box 325-A, Owings Hills 21117
Armstrong, Charles L.	1207 Culvert Rd., Hampton Village, Towson 21204
Aronson, Donald	50 State Circle, Annapolis
Atlas, Roy	1423 Sheridan St., N. W., Wash., D. C.
August, Henry J.	12 E. Main Street, Thurmont
Baer, Adolph	1929 Virginia Ave., Hagerstown
Bailey, Halcolm S.	8th Street & Philadelphia Ave., Ocean City
Balassone, Francis S.	301 W. Preston Street, 21201
Balcerak Eugene P. (Read's)	5802 Cedonia Ave., 21206
Bambrick, Vincent C.	154 Race Street, Cambridge
Banks, David E.	3802 Hayward Ave., 21215
Barnes, Attison L., Jr.	(Connolly Point), Trappe
Barrie, Louis C. (People's)	1045 Maryland Ave., Hagerstown 21740
Barshack, Jack	2100 Orem's Rd., Middle River 21220
Bass, Harry	4224 Pimlico Road, 21215
Batease, J. C. (People's)	5326 Baltimore Ave., Hyattsville 20781
Batie, A. Lester	126 Washington Avenue, Laurel
Batt, William H.	814 Argonne Dr., 21218
Bauer, Dr. John C.	P. O. Box 4738, 21211
Baughman, Bertram	4402 Puller Dr., Kensington
Baylis, Richard D.	342 Park Hall South, Maryland City, Laurel
Beitler, Ben	423 Patapsco Avenue, 21225
Beitler, Leonard	4300 Ritchie Hgwy., 21225
Bell, William R., Jr. (People's)	803 Southern Ave., Wash., D. C. 20032
Bennett, Charles W., Jr.	718 E. Main St., Salisbury
Berger, Alan B.	707 Horton Dr., Silver Spring 20902
Bergeron P. R. (People's)	4020 Aspen Hill Rd., Wheaton 20906
Bergstein, Robert S.	8722 Branch Ave., Clinton
Berlin, Alvin	Routes 97 & 108, Olney
Berman, Abraham S.	4512 Erdman Avenue, 21213
Berman, Mitchell	6828 Fox Meadow Rd., 21207
Berry, Robert A. (People's)	6200 Annapolis Rd., Hyattsville 20784
Berry, Robert E. (People's)	5552 Kenilworth Ave., Riverdale 20840

- Bindok, Edward J. 3307 Grenton Ave., 21214
 Binstock, Albert 4003 Fordleigh Rd., 21215
 Birely, Roy M. 219 E. 33rd St., 21218
 Bishop, Davis N. 6305 Sherwood Road, 21212
 Blake, Andrew B. (People's) 10233 Old Georgetown Rd.,
 Bethesda 20014
 Blatt, Thomas H. 7000 Eastern Ave., 21224
 Blaustein, Arnold L. 3604 W. Rogers Ave., 21215
 Block, Frank 1524 Cypress Street, 21226
 Block, Jerome 3433 Ripple Rd., 21207
 Block, Lawrence Y. (Read's) 3720 Offutt Rd., Randallstown
 Block, Samuel G. 2901 E. Baltimore Street, 21224
 Blum, Abraham 305 N. Eutaw Street, 21201
 Blumson, Samuel S. 800 E. Baltimore Street, 21202
 Boellner, O. Karl, Jr. (Read's) 1233 Glenhaven Rd., 21212
 Bonanno, Placido A. (People's) 1603-E. Montgomery Ave.,
 Rockville 20852
 Bookoff, Morris 820 Dulaney Valley Road, 21204
 Boudreau, Edmund D. 26 Parker St., Belvidere, New Jersey 07823
 Bourne, Benjamin 809 Viers Mill Road, Rockville
 Bowen, Curtis A. 238 N. Market St., Frederick
 Bowers, Martin R. 1455 Kirkwood Rd., 21207
 Braden, A. Wayne 8917 Woodland Dr., Silver Spring
 Breslin, Frederick W. P.O. Box 85, Leonardtown
 Brill, Mrs. Phyllis W. 7307 Seven Mile Lane, 21208
 Bringenberg, John G. 66 Dungarrie Rd., 21228
 Brink, J. W. (People's) 7423 Annapolis Rd., West Lanham 20784
 Brinsfield, J. R. Center Square, Rising Sun
 Brodie, Stanley A. (Read's) 6606 Marott Dr., 21207
 Brodsky, Emmanuel M. 4000 Fordleigh Rd., 21215
 Brodt, Dan P. (People's) 2011 Viers Mill Rd., Rockville 20851
 Brunnnett, William Les. 6222 Baltimore Avenue, Riverdale
 Brunson, Gerald N. 6519 Langdale Rd., 21206
- Caplan, Carl C. 2214 South Road, 21209
 Caplan, Robert M. 3302 Karen Dr., 21207
 Caplan, Yale H. 3510 Langrehr Rd., Apt. 2-B, 21207
 Carmel, Joseph 130 Slade Ave., Apt. 619, 21208
 Carter Paul M. Main St., Emmitsburg
 Catlett, Ollie E. 2713 Nicholson St., West, Hyattsville
 Catterton, Edward L. 713 Dellwood Drive, Vienna, Virginia
 Cavacos, Andrew T. 1001 W. 36th St., 21211
 Celozzi, Matthew J. 1901 E. 30th St., 21218
 Cermak, Jerome J. 3500 Pelham Avenue, 21213
 Chandler, N. W. 7037 Defense Highway, Landover Hills
 Chatkin, Robert H. 401 Summit Avenue, Hagerstown
 Cherricks, Robert V. 107 W. Green Street, Snow Hill
 Cheslow, Nathan L. 110 Patapsco Avenue, 21225
 Chilcoat, George O. (People's) 3824 Donnell Dr., Forestville 20028
 Clark, Frank B. Ellerslie, Md.
 Clinger, William T. (People's) .. Bel Air Shopping Center, Bowie 20715
 Coakley, A. J. (People's) . 7300 Wash.-Balto. Blvd., College Park 20740
 Cohen, Bernard I. 2217 N. Fulton Avenue, 21217
 Cohen, Gerald I. (Read's) 8118 Arrowhead Rd., 21208
 Cohen, Harry C. 900 Harlem Avenue, 21217
 Cohen, Hershel 201 W. Franklin Street, 21201
 Cohen, Irving I. 5511 Oregon Avenue, 21227
 Cohen, Joseph 6110 Bellinham Ct., Apt. 622, 21210
 Cohen, Nathan 5830 Jonquil Ave., 21215
 Cohen, Samuel (Read's) 3402 Devonshire Dr., 21215
 Cohen, Samuel 1645 E. Baltimore Street, 21231

Easton, James O., Jr. (People's)	10113 New Hampshire Ave., Silver Spring 20903
Eckhardt, Henry	301 Maryland Road, 21229
Edelen, Brother Elias, O.H.	296 Allston St., Brookline, Mass. 02146
Edell, Marvin L.	1008 E. Lombard St., 21202
Edelstein, Joseph H.	2451 Chillum Rd., West, Hyattsville
Edwards, James D.	102 Commerce Street, South, Centreville
Elliott, Donald (Read's)	6626-A Glenbarr Court, 21234
Elisberg, Milton L. (Drug Fair)	6891 George Palmer Hwy., Seat Pleasant
Endo, Kikuo R.	6500 Queens Chapel Rd., Hyattsville
Engberg, John J.	Main & Lake Streets, Salisbury
Englander, Clinton W.	205 E. Alder Street, Oakland
Epstein, Irwin B. (Read's)	5624 Northgreen Rd., 21297
Eshleman, Joseph M. (People's)	74 Baltimore St., Cumberland 21502
Etzler, Edward A. (People's)	12359 Georgia Ave., Wheaton 20907

- Evald, Gunnar N. G. (People's) 4805 Marlboro Pike,
Coral Hills, Md. 20027
- Eybs, Earl F. 29 Bloomsbury Ave., Catonsville 21228
- Fader, John F., II 6823 Queens Ferry Rd., 21212
- Fahrney, Frederick (People's) 1 W. Washington St.,
Hagerstown 21740
- Fainberg, Edward 7542 Belair Road, 21236
- Fauss, Albert L., Jr. 39 W. Main Street, Hancock
- Fedder, Donald O. 201 Wise Avenue, 21222
- Fedder, Eli 7510 Prince George Rd., Pikesville, 21208
- Feinstein, Bernard S. 8024-14th Ave., Hyattsville 20783
- Feinstein, Isadore 8024-14th Ave., Hyattsville 20783
- Feldman, Charles W. 1535 W. Lexington Street, 21223
- Feldman, Milton H. 900 N. Gilmor Street, 21217
- Feldman, Morris 130 Slade Ave., 21208
- Feret, Julius W. 4636 Park Heights Ave., 21215
- Feroli, E. Robert York & Murdock Rds., 21212
- Fine, Jerome L. 8807 Allenswood Rd., Randallstown
- Fink, Francis T. Martin Boulevard & Compass Road, 21220
- Finkelstein, Karl H. 300 Main Street, Laurel
- Fischer, Isadore M., Jr. . . 11 Slade Ave., Apt. 609, Pikesville 21208
- Fisher, Edward H. 105 S. Baltimore Avenue, Ocean City
- Fisher, Philip E. Route #2, Box 76, Berlin
- Fitzsimmons, Milton J. 109 Main Street, Ellicott City
- Flanagan, Robert M. (Drug Fair) . . 4101 Branch Ave., Wash., D. C.
- Foley, William T., Jr. 1 Franklin Street, Aberdeen
- Folus, Irving H. 11010 Wheeler Dr., Silver Spring
- Foss, Noel E. 636 W. Lombard Street, 21201
- Foster, Carroll P. 6327 Belair Road, 21206
- Franzoni, F. Royce 3508 N. Abingdon St. Arlington, Va., 22207
- Freed, Irving 930 Whitelock Street, 21217
- Freed, Mayer N. 6112 Central Avenue, Capitol Heights
- Freedenberg, Marvin 5926 Riggs Road, Hyattsville
- Freedman, Leonard (Drug Fair) 11215 New Hampshire Ave.,
Silver Spring
- Freeman, Joseph S. (Read's) 5906 Fenwick Ave., 21212
- Freidson, Morris (Drug Fair) 6500 Greenbelt Rd., Greenbelt
- Freiman, Joseph 6622-24 Security Blvd., 21207
- Freiman, Paul 6622-24 Security Blvd., 21207
- Friedel, Stuart 6711-C Townbrook Dr., 21207
- Friedman, Aaron J. 145 Back River Neck Road, 21221
- Friedman, Albert 1003 S. Sharp Street, 21230
- Friedman, Gilbert I. 2101 W. North Ave., 21217
- Friedman, Irvin 3500 Arborwood Ct., 21208
- Friedman, Milton A. 100 S. Poppleton Street, 21201
- Friedman, Nathan 3501 Arborwood Court, 21208
- Friedman, Nathan J. 701 N. Gay Street, 21202
- Gadol, Ellis 10128 Colesville Road, Silver Spring
- Gain, Jerome 3505 Tulsa Road, 21207
- Gakenheimer, Albert C. Cockeysville
- Gakenheimer, Herbert E. 2125 Fernglen Way, 21228
- Galperin, Irving O. (Read's) 3301 Clarks Lane, 21215
- Gandel, Stephen 5107 Woolverton Ave., 21215
- Gates, Earl A. 3705 Chatham Rd., 21215
- Gaver, Paul, Jr. 5105 Sekots Rd., 21207
- Gaver, Paul G. 100 W. University Parkway, 21210
- Gazea, John J. (People's) 6872 George Palmer Hgwy.,
Seat Pleasant 20027

- Gelmini, Deno G. (People's) . . . 7534 Annapolis Rd., Hyattsville 20784
Gelrud, Jack . . . 6 Coral Drive, North, Lexington Park
Gendason, Harry (Read's) . . . 5356 Gist Ave., 21215
Geser, Alvin N. . . 118 W. State St., Trenton 8, N.J.
Getka, Milton S. . . 644 Stamford Road, 21229
Gilbert, Theodore (People's) . . 320 Domer St., Laurel 20810
Gildea, William J. (Read's) . . . 131-B Dumbarton Rd., 21212
Ginsberg, Samuel H. . . 3106 Oakfield Ave., 21216
Gittleston, Ralph (Drug Fair) . . 2340 University Blvd., Adelphi
Glaeser, Henry J., Jr. . . 3 Westminster Street, Manchester
Glaser, Louis L. . . 511 Avondale Road, 21222
Glass, Larry P. (People's) . . . 11305 Georgia Ave., Wheaton 20906
Glennan, Harry E. . . 3102 Action Rd., 21214
Glick, Harry. . . 1535 Park Ave., 21217
Glick, Henry J. . . 120 N. Smallwood Street, Cumberland
Gluckstern, Wilfred H. . . 820 Dulaney Valley Road, 21204
Goashgarian, K. (People's) . . . 8101 Barlowe Rd., Palmer Park,
Hyattsville 20785
Goldberg, Jack . . . 9423 Georgia Ave., Silver Spring
Goldberg, Milton . . . 3903 Hollins Ferry Road, 21227
Goldfeder, Harold M. . . 6100 Rhode Island Avenue, Riverdale
Goldstein, Albert . . . 109 Addison Rd., Seat Pleasant
Goldstein, Sam A. . . 1100 N. Calhoun Street, 21217
Goldstein, Samuel W. . . 3434 Phillips Dr., 21208
Goodman, Daniel . . . 3525 White Chapel Rd., 21215
Goodman, Irvin . . . 55 E. Main Street, Westminster
Goodman, Leon . . . 6310 Ivymount Rd., 21209
Gorban, Thomas (Drug Fair) . . 1141 University Blvd., Silver Spring
Gordy, Howard L. . . 213 E. Main Street, Salisbury
Gould, Clarendon L. . . 201 Somerset Ave., Cambridge
Gould, William M. . . 813 Kingston Rd., 21212
Greenberg, Harry . . . 5451 Belair Road, 21206
Greenberg, Harvey . . 7306 Furnace Branch Rd., N. E., Glen Burnie
Greenberg, Joseph (Read's) . . . 2710 W. Garrison Ave., 21215
Greenberg, Morton . . . 50 Old Annapolis Rd., Severna Park
Greenberg, Paul R. . . 5608 Belleville Ave., 21207
Greenberg, Solomon W. . 6315 29th Pl., N.W., Washington, D.C. 20015
Greenfeld, David D. . . 5201 Windsor Mill Road, 21207
Greenfeld, Jacob H. . . 2879 Lafayette Ave., 21216
Gregg, Ernest, Jr. . . 115 S. Third St., Oakland
Greif, Daniel . . . 1625 Wilkens Ave., 21223
Grossman, Bernard B. . . 1655 N. Monroe St., 21217
Gruz, Nathan I. . . 650 W. Lombard Street, 21201
Guild, Cecil E. . . 44 W. Main Street, Westminster
Guy, J. P. (People's) . . . 2 N. Washington St., Rockville 20850
Gwiazda, Henry J. (Drug Fair) . 7271 Marlboro Pike, District Hghts.
- Hahn, Albert G. . . 324 W. Saratoga Street, 21201
Hamet, Harry . . . 2712 Cylburn Ave., 2nd Floor, 21215
Hanks, Carleton W., Jr. . . 221 Maryland Avenue, Cumberland
Hansen, Herbert O. . . 4707 Marlboro Pike, Coral Hills
Hansen, Herman F. . . 203 Preston Ct., Apt. B, 21228
Harbaugh, Arthur C. . . 872 Mulberry Avenue, Hagerstown
Harnish, Robert A. (Read's) . . . 201 Woods Dr., Annapolis
Haskell, Miss Marian L. . . 1712 Kurtz Ave., Lutherville
Hayes, William B. . . 507 Mace Avenue, 21221
Hayman Albin A. . . 415 Forest Lane, Salisbury
Hayman, Thomas J. . . 415 Forest Lane, Salisbury
Hayward, Robert (People's) . . . 7939 New Hampshire Ave.,
Langley Park 20783
Heer, Melvin L. . . 805 Starbit Ct., Towson 21204
Heer, Wilmer J. . . 2724 Harford Road, 21218

- Heilman, Gerald J. (Read's) 1615 Cottage Lane, 21204
Hendelberg, I. J. 4637 York Road, 21212
Henderson, Marvin W. 7401 Harford Road, 21234
Hendrix, Adlai M., Jr. (People's) 8315 Georgia Ave.,
Silver Spring 20910
Hershner, John F. 2017 Burnwood Rd., 21214
Hesson, Charles E. (Read's) 7824 Kavanagh Rd., 21222
Heyman, Bernard P. (Read's) ... 3710 Brownsbrook Ct., Randallstown
Hill, William C. 30 E. Dover Street, Easton
Hilliard, M. Evans 4943 Belair Road, 21206
Hillman, Elmer C., Jr. (Drug Fair) 5101 S. 10th St., Apt. 4,
Arlington, Va. (4)
Hillman, Milton L. 19 Tulagi Place, Lexington Park
Hirsch, Peter (Read's) 3706 Parkfield Rd., 21208
Hirz, Bernard B. (People's) ... 8627 Colesville Rd., Silver Spring 20910
Holmes, Everett J. 3318 Spaulding Ave., 21215
Holthaus, Robert W. 501 Baylor Rd., Glen Burnie
Holtzschneider, Douglas W. 3301 Eastern Ave., 21220
Hopkins, Charles H. 7 York Street, Taneytown
Hopkins, Ronald M. 7 York St., Taneytown
Hornsby, W. P. (People's) Indian Head Shopping Center,
Indian Head 20640
Hoy, R. Gordon 1437 Cedarcroft Rd., 21212
Huber, George H. (People's) 7663 New Hampshire Ave.,
Langley Park 20783
Hunter, Calvin L. 3 Center Place, Dundalk 21222
Hutchinson, William J. 2412 Ellis Rd., 21234
- Ichniowski, William 1212 Roundhill Rd., 21218
Imbierowicz, Robert R. (Read's) 6007 Edna Ave., 21214
- Jackson, William B., Jr. Route 29 & Donleigh Dr., Simpsonville
Japko, Albert M. (Read's) 2801 Laurelwood Ct., 21209
Jaslow, Marvin B. (Read's) 8713 Allenswood Rd., Randallstown
Jason, Lawrence (Drug Fair) 5350 Westbard Ave., Wash., D. C. 20016
Jeppi, Samuel P. 200 Witherspoon Rd., 12212
Johns, Basil P. Marion Station
Johnson, Clyde G. Somerset Avenue & Prince William Street,
Princess Anne
Johnson, James E. 1801 Chelsea Rd., 21216
Johnson, Warren (People's) 4819 Indian Head Rd.,
Wash., D. C. 20021
Jones, John W. (Drug Fair) 5308 Eastern Ave., Chillum
Jones, W. Bowen P. O. Box 521, Willow Street, St. Michaels
Judy, Francis L. 2 Byrd Avenue, Cumberland
Jules, Bernard C. (Read's) 3420 Woodvalley Dr., 21208
- Kahn, Reuben 1722 Wilkens Avenue, 21223
Kalb, Francis P. 4419 Kenwood Avenue, 21206
Kamanitz, Irvin L. 100 W. Main Street, Salisbury
Kamenetz, Irvin 6913 Belair Road, 21206
Kaminski, Felix H. 3138 O'Donnell Street, 21224
Kantorski, Robert R. 2405-B Bridgehampton Dr., 21234
Karlin, David. 2904 Chokeberry Ct., 21209
Karn, Phillip R., Sr. 230 Division Ave., Lutherville
Karpa, Isadore 3401 Bateman Ave., 21216
Karpa, Jerome J. 1827 New Eastern Blvd., 21221
Karr, William S. 9515 Harford Road, 21234
Katz, Gabriel E. 9925 Rhode Island Avenue, College Park
Kaufman, Stanley L. 911 Beechfield Avenue, 21229

Keller, Thomas H., Jr.	1813 Heathfield Road,	21214
Kellough, Elmer R., Jr.	501 Decatur Street, Cumberland	
Kelly, Robert J.	"Far Cry," Royal Oak	21662
Kenney, Fern E.	953 Winifred Rd., Cumberland	
Kerpelman, I. Earl	722 S. Salisbury Blvd., Salisbury	
Kesmodel, Charles R. (Read's)	5026 W. Hills Rd.,	21229
Kexel, Leroy E.	2002 Northbourne Road,	21214
Kirk, Miss Catherine E.	Rising Sun	
Kirson, Abraham	8201 Stevenson Road,	21208
Kirson, Jerome	743 N. Central Avenue,	21202
Kirson, Walter	3313 Midfield Road,	21208
Klavens, Elmer	6311 Greenmeadow Parkway,	21209
Klavens, Sidney R.	1117 Light Street,	21230
Kline, Bernard B.	8309 Grubb Road, Silver Spring	
Kline, Sidney	3902 Buckingham Road,	21207
Kling, Herman M.	2245 E. Fayette Street,	21231
Klingel, Mrs. Ruth M.	101 Cheapside Street,	21202
Klotzman, Alfred	1041 Edmondson Avenue,	21223
Kobin, Benjamin	1000 W. Cross Street,	21230
Koch, Ervin M.	4717 Mercury Drive, Rockville,	20853
Kokoski, Robert J.	411 Montemar Ave.,	21228
Kolman, M. Alfred	5805-A Western Run Dr.,	21209
Koons, George S.	31 Concocheague Street, Williamsport	
Kosakowski, Chester G.	635 S. Lakewood Avenue,	21224
Kramer, Leonard H.	442 E. North Avenue,	21202
Kramer, Morris	1801 W. Lexington Street,	21223
Krantz, Dr. John C., Jr.	7824 Ellenham Road,	21204
Kraus, L. H., Jr.	400 S. Division Street, Salisbury	
Krieger, Max A.	7900 Harford Road,	21234
Kronthal, Jacob L.	7241 Park Heights Avenue, Apt.-C,	21208
Kroopnick, Godfrey D.	920 Whitelock Street,	21217
Kursvietis, Anthony J.	4904 Crowson Avenue,	21212
Lachman, Bernard B.	5024 Park Heights Avenue,	21215
Lachman, Marvin M.	118 Chartley Boulevard, Reisterstown	
Laken, Bernard	1301 W. North Avenue,	21217
Lamb, Lewis J. (People's)	1290 East-West Hgwy., Silver Spring	20910
Lapin, Bernard J.	2701 Old North Point Road,	21222
Latona, Salvatore J.	4006 - 34th St., Mt. Rainier	
Lauer, Steve (Read's)	317 Oaklee Village,	21229
Lavin, Bernard (Drug Fair)	Eastport Shopping Centre,	
	1005 Bayridge Ave., Annapolis	
Lawlor, Henry W.	Charles Theatre Building, La Plata	
Lawson, Alfred M.	3415 Hamilton Street, Hyattsville	
Layden, William	2140 W. Baltimore Street,	21223
Lazarus, Leon J.	401 Eastern Avenue,	21221
Lebson, David	4605 Edmondson Avenue,	21229
Lebson, Hyman	4605 Edmondson Avenue,	21229
Lemler, Abraham A.	1801 W. Lexington Street,	21223
Levin, Arthur	101 N. Washington Street, Havre de Grace	
Levin, Barry S.	2101 Garrison Boulevard,	21216
Levin, Benjamin S.	6300 Eastern Avenue,	21224
Levin, Bernard	910 Leeds Avenue,	21229
Levin, David (Read's)	3726 Cedar Dr.,	21207
Levin, Harold P.	537 E. 41st Street,	21218
Levin, Jack B.	6025 Liberty Road,	21207
Levin, Norman	910 Leeds Avenue,	21229
Levin, Norman J.	1401 Reisterstown Road,	21208
Levin, Theodore	Poplar Grove & Lafayette Avenue,	21216
Levine, David	3628 Paskin Place,	21207
Levine, Jay E.	2211 Fairfax Road, Hagerstown	

Miller, Lewis.....2325 Callow Avenue, 21217
Miller, Reuben.....1855 Leesburg Pike, Falls Church, Virginia
Miller, Solomon.....1717 Taylor Ave., 21234
Miner, Richard L. (People's)....3204 Hamilton St., Hyattsville 20782
Mitchell, James (People's).....5601 Sargent Rd., Hyattsville
Mitchell, J. P. (People's)....10141 Colesville Rd., Silver Spring 20901
Moler, Robert K. 44 W. Potomac St., Brunswick
Morgenroth, Hans.....5516 Gist Ave., 21215
Morgenroth, Victor H., Jr.....2207 Bellevue Road, 21228
Morgenstern, William A., Jr.....6328 Windsor Mill Road, 21207
Morris, Samuel.....9603 Cottrell Terrace, Silver Spring
Morton, Joseph H. 332 E. Belvedere Avenue, 21212
Mouat, Gordon A. 3300 Greenmount Avenue, 21218
Murphy, Jerome E. 914 Argonne Drive, 21218
Mutchnik, Melvin.....5804 Gist Avenue, 21215
Myers, Bernard (Read's).....2411 Forest Green Rd., 21209
Myers, Charles (Read's).....3406 Manor Hill Rd., Pikesville 21208
Myers, Ellis B. (Read's).....3622 Anton Farms Rd., Pikesville 21208
Myers, Lyndon B. Main Street, Mt. Airy
Myers, Morton (Read's).....2611 W. Belvedere Ave., 21215
Myers, Richard E. 4429 Forest View Avenue, 21206

Neuberger, Arnold J. Jarrettsville, Md.
Neun, Mrs. Alberta E. 4800 Roland Avenue, 21210
Neun, Charles J. 301 E. Baltimore Street, 21202
Newman, Albert 309-311 N. Union Avenue, Havre de Grace
Newman, David 309-311 N. Union Avenue, Havre de Grace
Newman, Jerome...R.D. 1, Meadowdale Apts., Apt 4, Havre de Grace
Nitsch, Charles A. 837 Frederick Avenue, 21228
Nobel, Louis N. (People's).....7460 Wisconsin Ave., Bethesda 20014
Noll, Mrs. Violet B. 5023 Baltimore National Pike, 21229
Norris, Earl M. 4706 Liberty Heights Avenue, 21207
Nussbaum, Edward D. (Drug Fair) .2208 Viers Mill Rd., Rockville, Md.

Oed, Marvin L.....743 S. Conkling Street, 21224
Ogrinz, Alexander J., Jr.....3300 Greenmount Avenue, 21218
Ohlendorf, Albert V.....714 Stoneleigh Road, 21212
Oken, Jack.....700 N. Broadway, 21205
Oken, Louis E. 6701 Harford Road, 21214
Oleszczuk, Melvin J.....1800 Eastern Avenue, 21231
Owens, Bennie G.....5 McPherson Road, Annapolis

Packett, W. Harold.....8551 Connecticut Ave., Chevy Chase
Padousis, John E. 1577 Duxbury Road, 21204
Padussis, Anthony G. 6510 O'Donnell St., 21224
Palmer, Mathias 8642 Loch Raven Boulevard, 21204
Pannill, William E. 2104 Marilyn Drive, S.E., Washington, D.C.
Papiermeister, Joseph 9865 Main Street, Damascus, 1467
Parker, Richard D. 914 Venice Dr., Silver Spring
Patterson, Walter J.....4123 Frederick Avenue, 21229
Payne, Thomas M. 32 N. Washington Street, Easton
Pearlman, David.....3107 W. North Avenue, 21216
Pearlman, William L.....3107 W. North Avenue, 21216
Pelovitz, Nathan G.....1713 Edmondson Avenue, 21228
Pensel, E. R. (People's).....Frederick Shopping Center,
W. 7th St. at Briggs Ave., Frederick 21701
Penn, Thomas M. G. 12 Paradise Avenue, Mt. Airy
Peoples Drug Stores, Inc....60 Florida Ave., N.E. Wash., D.C. 20002
Pfeifer, C. Edward 1307 E. 36th Street, 21218
Pfeifer, C. Edward, Jr.....1201 Light Street, 21230

- Pfeifer, Charles M. 3619 Yolando Road, 21218
 Pfrogner, Richard L. 54 N. Centre Street, Cumberland
 Phillips, Mrs. Carrie G. 34 Nunnery Lane, Catonsville, 21228
 Phillips, Emerson C. 133 Truitt Street, Salisbury
 Picha, Frank (Read's) 3203 Northern Pkwy., 21214
 Pickett, John W., Jr. (People's) .. 6917 Arlington Rd., Bethesda 20014
 Pilson, Robert A. Main St., New Windsor
 Pinsky, Herman H. 430 E. Baltimore Street, 21202
 Piraino, Vincent J. 1722 Lakeside Avenue, 21218
 Plank, John M. 6211 Massachusetts Ave., N. W., Wash., D. C. 20016
 Plassnig, Edwin. 2105 Cider Mill Rd., 21234
 Plotkin, Richard D. 8513 Stevenswood Road, 21207
 Poklis, Alphonse 329 E. High Street, Chestertown
 Pollack, Morton L. Charles & 34th Streets, 21218
 Popluder, Nathan 2610 Harford Road, 21218
 Poppleton, Miller (Drug Fair) 8559 Georgia Ave., Silver Spring
 Porterfield, M. Perry 925 Pennsylvania Avenue, Hagerstown
 Porterfield, Raymond S. 42 McKee Avenue, Hagerstown
 Portney, Samuel. 3404 Labyrinth Rd., 21215
 Prensky, Bernard M. 6573 Ager Road, Hyattsville
 Price, Chester L. 5803 Lillian Ave., 21206
 Prostic, Harry. 6201 Winner Ave., 21215
 Protokowicz, Stanley E. (Read's) 4430 Kendi Rd., 21206
 Proudfoot, Robert E. 106 S. Second Street, Oakland
 Provenza, Stephen J. 101 W. Read Street, 21201
 Pruce, Alfred (Read's) 5503 S. Bend Rd., 21209
 Pycha, Richard J. (Read's) 5568 Cedonia Ave., 21206

 Raichlen, Isador (Read's) 4117 Ronis Rd., 21208
 Raichlen, Sam I. 3300 Keswick Road, 21211
 Rankin, Alton E. (People's) .. 21 Wisconsin Circle, Chevy Chase 20015
 Rasinsky, Milton. 30 W. Main Street, Westminster
 Raudonis, John A. 1180 Evergreen Dr., N. E., Atlanta, Georgia, 30319
 Rayman, Harry M. 4400 Stamp Road, Washington, D.C. 20031
 Read's Drug Stores. 2523 Gwynns Falls Parkway, 21216
 Reamer, Sidney (Drug Fair) 4862 Indianhead Hgwy., Oxon Hill
 Reed, J. Ronald 31 N. Potomac Street, Hagerstown
 Reiser, Arnold J. 2805-07 Old North Point Road, 21222
 Rendel, Morris. 3410 Olympia Ave., 21215
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 Rettaliata, Leo C. 2200 N. Charles Street, 21218
 Reznick, Paul. Box 63, Beltsville
 Richman, Philip 90 West Street, Annapolis
 Richmond, Sewell E. 5500 Park Heights Avenue, 21215
 Ritchie, James R. 6813 Riverdale Rd., Apt. M-7, East Riverdale
 Robbins, Sam S. 4401 Liberty Heights Avenue, 21207
 Roberts, William P. 5306 York Road, 21212
 Robinson, Zoe C. 3604 Clifton Ave., 21216
 Rodowskas, Christopher A. 616 Patapsco Avenue, 21225
 Rosen, Donald M. 419 Ritchie Highway, South, Glen Burnie
 Rosenberg, Irwin J. (Drug Fair) ... 13870 Georgia Ave., Silver Spring
 Rosenberg, Leon 9925 Rhode Island Avenue, College Park
 Rosenberg, Morris 6480 New Hampshire Avenue, Takoma Park
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 Rosenstein, Sol. 5407 G'th Ave., 21215
 Rosenthal, Alvin 3529 Dolfield Avenue, 21215
 Rosenthal, Herbert T. (Read's) 3308 Ludgate Rd., 21215
 Rosenthal, Louis R. 3808 Fordleigh Road, 21215
 Ross, Earl R. 7623 Perring Terrace, 21234

- Rossberg, William C. 2526 Washington Boulevard, 21230
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 Andrews Manor Shopping Centre, Camp Springs
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 Sacks, Sylvan L. 2103 Sulgrave Ave., 21209
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 Santoni, Henry A. 4301 Belair Road, 21206
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 Sappe, Milton J. Box 243, Route No. 4, Cape St. Claire, Annapolis
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 Shenker, Allan B. 6508 Greenspring Avenue, 21209
 Shenker, Morris. 1027 West Way, Glen Burnie
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 Shpritz, Stuart 3840 Crestlyn Road, 21218

- Shulman, Emanuel . . . 2334 Iverson Street, Washington, D.C. 20021
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 Singer, Isadore E. . . . 300 Main Street, Laurel
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 Wheaton 20902
 Slama, Frank J. . . . 636 W. Lombard St., 21201
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 Sollod, Sylvan J. . . . 635 E. Fort Avenue, 21230
 Solomon, Samuel J. . . . 1342 Pennsylvania Avenue, 21217
 Solomon, Simon . . . 1342 Pennsylvania Avenue, 21217
 Spano, Arthur N. . . . Green & Water Streets, Cumberland
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 Spigelmire, Charles E. . . . 22 York Court, 21218
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 LaVale 21504
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 Truitt, James W., Jr. 102 N. Main Street, Federalsburg

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 Vicino, Dominic. 4006 - 34th St., Mt. Rainier
 Vodenos, Philip N. York Road, Timonium

Wagner, George W. 45 Main Street, Westernport
 Wagner, Raphael H. 502 W. Cold Spring Lane, 21210
 Waltsman, Earl S. 902 Flagtree Court, 21208
 Walb, Winfield A. 6002 Harford Road, 21214
 Waldman, Alvin M. 1909 Winder Road, 21207
 Walsh, Richard J. (People's) 3500 East-West Hgwy.,
 Hyattsville 20782

Wankel, Richard A. (Read's) 4509 Harcourt Rd., 21214
 Ward, M. James The Cavalier, Apt. 718, 3500 - 14th St., N. W.,
 Wash. D. C. 20010

Warfield, H. Nelson 7025 Plymouth Road, 21208

Warren, Jerome B. 7403 Liberty Road, 21207

Warshaw, Samuel E. 4017 Fairview Avenue, 21216

Waterman, Richard H. 613 Orpington Rd., 21229

Waxman, Milton 126 Main Street, Elkton

Webster, S. Earl 24 Poplar Street, Cambridge

Weinberg, Sydney G. 5806 Dale Road, 21209

Weiner, Alex 3116 Lightfoot Drive, 21208

Weiner, Phillip P. 4222 W. Rogers Avenue, 21215

Weiner, Solomon. 5501 Reisterstown Road, 21215

Weiner, William (Read's) 7608 Labyrinth Rd., 21208

Weinstein, Michael (Drug Fair) 7953 Annapolis Rd., Lanham

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Wiener, Maurice. 3446 Wilkens Avenue, 21229

Wille, Harry R. 306 Marydell Rd., 21229

Williams, William O. 6305 Sherwood Road, 21212

Windsor, Lester D. 410 Camden Court, Salisbury

Winn, Solomon 2540 E. Fayette Street, 21224

Winternitz, Rudolph F. 8522-16th Street, Silver Spring

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Wittik, Jerome S. 2611 W. Belvedere Avenue, Apt. 1-C, 21215

Witzke, Carl H. 3536 Ellerslie Avenue, 21218

Yaffe, Morris R. 10101 River Road, Rockville

Yaffe, Samuel S. 3 Pepple Drive, Ellicott City

Yaffe, Stanley J. 3405 Fielding Road, 21208

Yankeloff, Louis G. 1801 E. Eager Street, 21205

Yarmosky, Jack 2501 Edmondson Avenue, 21223

Yevzeroff, Benjamin. 3801 Woodhaven Avenue, 21216

Yingling, Gary L. 11904 Renwood Lane, Rockville, 20852

Young, Charles L. 711 Baltimore-National Pike, Ellicott City

Young, Donald R. Talbot Street, St. Michaels

Young, George (People's) 8503 Piney Rd., Silver Spring 20901

Young, Paul R. (People's) 12209 Viers Mill Rd., Wheaton 20906
 Yousem, Jonas J. 246 N. Hilton Street, 21229

Zappulla, Santo A. (Read's) 2007 Fernglen Way, 21228
 Zarych, Joseph F. 4667 Lacy Avenue, S.E., Washington, D.C., 20023
 Zentz, Milton E. 5460 Park Heights Avenue, 21215
 Zervitz, Max M. 1300 N. Caroline Street, 21213
 Zervitz, Irving F. 4001 Annapolis Road, 21227
 Zervitz, Sidney 5114 Liberty Heights Avenue, 21207
 Zervitz, Warren G. 5115 Liberty Heights Ave., 21207
 Zvares, Simon 7100 Arlington Road, Bethesda

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Allen, James E. P.O. Box 2154, Washington, D.C., 20003
 Bailey, Melvin. 23 Baltimore Annapolis Blvd. N. W., Wilson Bldg.,
 Suite 8, Glen Burnie
 Baxter, Robert E. Dunbrooke, Mountain Road, Pasadena
 Bloom, Herman J. 2706 Geartner Road, 21209
 Brager, Maurice B. 408 S. Hanover Street, 21201
 Crozier, John A. 901 Curtain Ave., 21218
 Davis, James C. 119 S. Howard Street, 21201
 Drukman, Mrs. Herman B. 6651 Belair Rd., 21206
 Dunning, Charles A. 1030 N. Charles Street, 21201
 Dunning, Dr. Fitzgerald 1030 N. Charles Street, 21201
 Dunning, H. A. B., Jr. 1030 N. Charles Street, 21201
 Estrin, David I. 52 "O" Street, N.W., Washington, D.C. 20001
 Friedman, L. (Whelan's) 4500-02 Edmondson Ave., 21229
 Frieman, Jack I. 3505 Seven Mile Lane, 21208
 Gardner, Mrs. Helen W. 253 S. Washington Street, 21231
 Goldstein, Herbert B. 110 S. Paca Street, 21201
 Israelson, Rubin H. 2301 Hollins Street, 21223
 Leatherman, E. Gordon. 404 Maryland Trust Bldg., 21202
 Levin, Philip. 1100 N. Chester St., 21213
 McHugh, John R. 60 Florida Ave., N. E., Wash., D. C. 20002
 Mace, Richard M. 3001 Pepsi Place, Cheverly, 20781
 Mendelsohn, Israel 3635 Woodland Avenue, 21215
 Muth, Edward S., Jr. 913 Elmridge Avenue, 21229
 Norwitz, Irvin 3506 Maryvale Road, 21207
 Robinson, Lester G. 2139 Pennsylvania Ave., 21217
 Rochlin, Martin 1100 N. Chester Street, 21213
 Rosenthal, Leo 1500 University Blvd., East, Hyattsville
 Satou, Marcus 1726 E. Pratt Street, 21231
 Schwartz, Simon 209 Edgewood Road, Edgewood 21040
 Shapiro, Joseph W. 1832 E. Monument St., 21205
 Shaw, Frank M. 147 Market Street, Pocomoke City
 Smith, Mrs. Rudolph M. J. 108 Main Street, Annapolis
 Smulson, Mrs. Lillian. 299 Willow Spring Rd., Dundalk 21222
 Tanner, Mrs. Lynn D., Jr. 19 Franklin Street, Aberdeen
 Thomas, John 101 E. Baltimore Street, 21202
 Ulman, Bernard, Sr. 415 E. Oliver Street, 21202
 Williams, Robert A. 2110 Maryland Ave., 21218

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Strasburger, Melville.....	116 W. University Parkway, 21210

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Allen, Charles R.	P. O. Box 3216, Richmond, Va. 23235
Austin, Mrs. Dorothy B.	205 Ridgemedede Rd., 21210
Becker, Charles	24 Oaklee Village, Apt. 29, 21229
Berlin, Julius	2425 Cylburn Avenue, Apt.-A, 21215
Carls, Mark D.	201 Rothwell Drive, Lutherville
Colvin, Ralph M.....	204 E. Biddle Street, 21202
Deckelbaum, Max.....	6506 Baythorn Road, 21209
Dunbar, Ruth	P.O. Box 52, Versailles, Kentucky
Epstein, Yale.....	3631 Paskin Place, Apt. 5-B, 21207
Eskow, Dr. A. Bernard.....	2810 W. Saratoga Street, 21223
Ettlin, Harry	7904 Audubon Ct., 21207
Friedenberg, S. Charles.....	2810 W. Saratoga Street, 21223
Gehring, J. William.....	5620 Greenspring Avenue, 21209
Gottdiener, Bert J.	2329 Farrington Rd., 21209
Harrison, Boris M.....	2810 W. Saratoga Street, 21223
Helman, Louis H.....	7646 Carla Road, 21208
Herman, Ralph	2479 Shirley Avenue, 21215
Inglisa, Domenic R.	2520 Hillford Dr., 21234
Jacobs, George	3516 Maryvale Road, 21207
Kramer, Jack L.....	8504-16th Street, Silver Spring
Lane, Lester S.	60 "M" Street, N. E., Washington, D.C.
Loud, Herbert G.....	2404 Gainsborough Ct., 21234
Lounge, William B.	1235 Brewster St., 21227
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Murph, Marvin E.....	5619 Wayne Avenue, 21207
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Pusey, R. B.	Manokin Farm, Princess Anne
Rockman, Louis M.....	5005 Pembridge Avenue, 21215
Steinberg, Norman F.....	1800 N. Charles Street, 21201
Van Gundy, Jack E.	406 Wheaton Plaza Office Bldg., Wheaton
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- John B. (Sylvania Elec.) Brienza, 11900 Ivalhar St., Silver Spring, Md.
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- Frank (Loewy Drug Co.) Engel.....5413 Nelson Ave., 21215
- Arthur Joseph (George C. Krusen & Son) Edwards...3006 Ailsa Ave.,
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- Carl L. (Calvert Drug Co.) Esposito.....7811 Overhill Rd.,
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- George S. (Hendler Creamery) Euler...526 Charing Cross Rd., 21229
- Russell C. (Mid-Atlantic Assoc., Inc.) Eustice, Jr....2401 Blueridge
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- James H. (Retired) Fagan.....112 Hall Hgwy., Crisfield, Md.
- I. M. (Manhattan Drug Co.) Fischer, Jr.....Apt. 609, 11 Slade Ave.,
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21216
- Ernest H. (Austin Biscuit Co.) Fox.....P. O. Box 1936, 21203
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- Jack (Jay Drug Co.) Frieman.....4936 Park Heights Ave., 21215
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- J. Wm. (Walsh & Koehler) Gehring....5620 Greenspring Ave., 21209
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- L. Scott (H. B. Gilpin Co.) Grauel.....7401 Pulaski Hwy., 21206
- William L. (Muth Bros. & Co.) Grove....Box 82, Jarrettsville, Md.
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- Arthur V. (Brockway Glass Co.) Hall...7800 York Rd., Towson 21204
- Sidney E. (Whitman Chocolate) Hamilton.....6121 Swansea St.,
Bethesda, Md.
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- Albert (Hendler Creamery) Hendler....1100 E. Baltimore St., 21202
- Bernard (Retired) Hendler.....1100 E. Baltimore St., 21202
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*Figures are from the National Prescription Audit, General Information Report, College Edition, prepared by R. A. Gosselin & Co., pharmaceutical market research organization.



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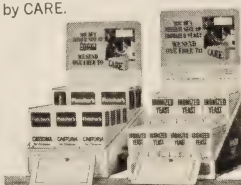
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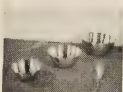
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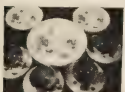
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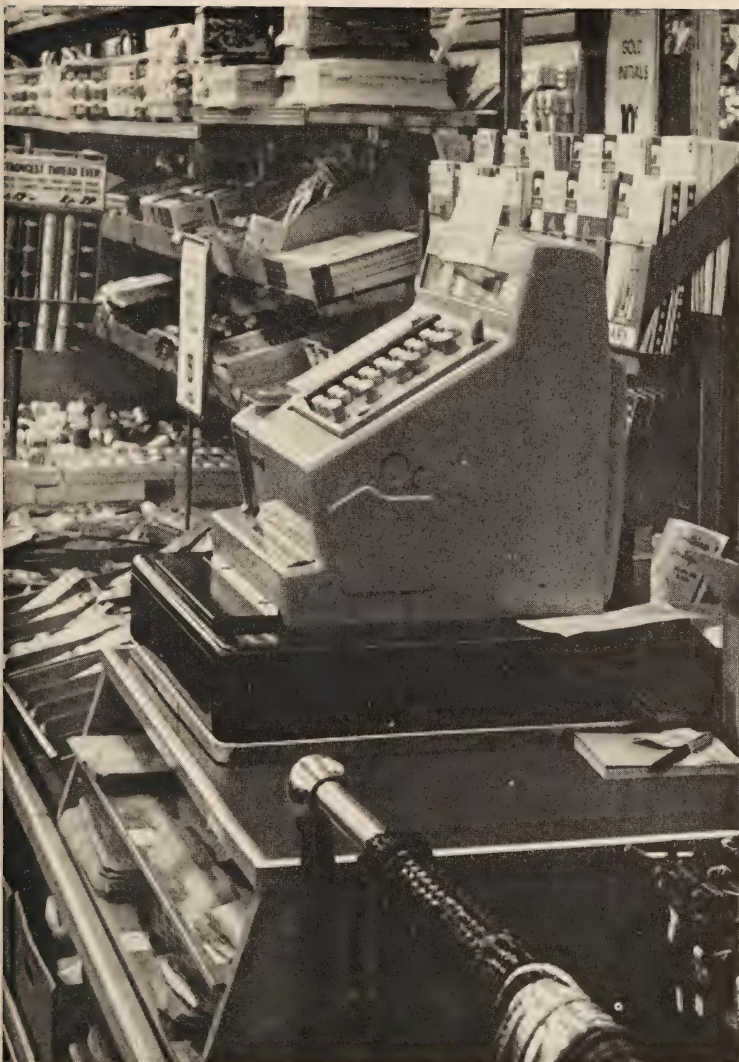
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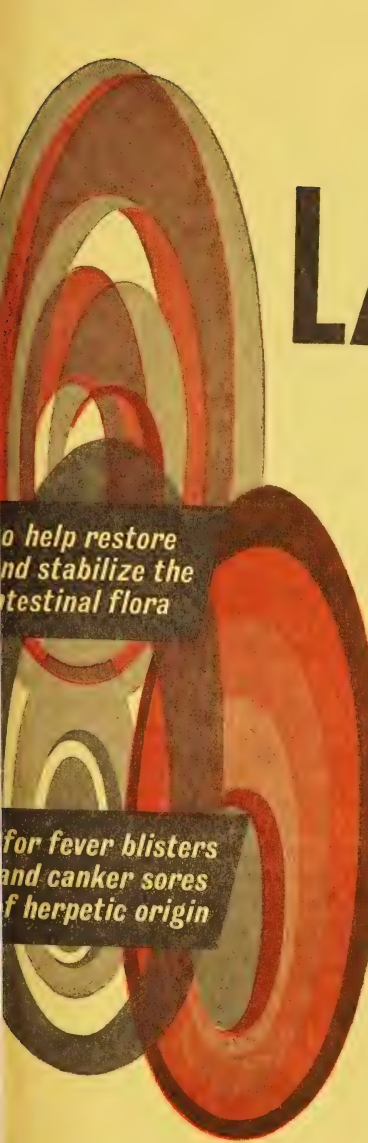
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(1) Frykman, H.M.: Minn. Med., Vol. 38, Jan. 1955. (2) Poth, E.J.: The J.A.M.A., Vol. 163, No. 15, April 13, 1957. (3) McGivney, J.: Texas State Jour. of Med., Vol. 51, No. 1, Jan. 1955. (4) Stern, F. H.: Jour. of The Amer. Ger. Soc., Vol. 11, No. 3, Mar. 1963. (5) Weekes, D. J.: N.Y. State Jour. of Med., Vol. 58, No. 16, Aug. 1958. (6) Abbott, P.L.: Jour. of Oral Surg., Anes. & Hosp. Dental Serv., Vol. 19, July 1961. (7) Weekes, D. J.: E.E.N.T. Digest, Vol. 25, No. 12, Dec. 1963.

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1. New and Nonofficial Drugs, J.A.M.A., 171:1104, 1959. 2. Shapleigh, J. B., and Montgomery, A.: Am. Pract. & Digest Treat., 10:461, 1959. 3. Brise, H., and Hallberg, L.: Acta med. scandinav., 171 (Supplement No. 376):23, 1962. 4. Berenbaum, M. C., et al.: Blood, 16:540, 1960. 5. Swan, H. T., and Jowett, G. H.: Brit. M. J., 2:782, 1959.

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLI

NOVEMBER 1965

No. 2

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PATRONIZE OUR ADVERTISERS

Editorial

Dr. B. Olive Cole Pharmacy Museum

The first phase of the Dr. B. Olive Cole Pharmacy Museum, sponsored by the Maryland Pharmaceutical Association, is nearing completion with the installation of cases in the foyer of the Kelly Memorial Building, headquarters for Pharmacy in Maryland. This culmination of many years of effort also has received the support of the Alumni Association of the University of Maryland School of Pharmacy and the Baltimore Metropolitan Pharmaceutical Association.

Miss Cole, Professor Emeritus of Pharmacy Administration of the University of Maryland School of Pharmacy and former Acting Dean, is known throughout the world of pharmacy for her service to the profession since her graduation in 1913. Her distinguished career in pharmacy was a pioneering one for her sex; it is fitting that she be honored by this recognition of her contribution to her chosen field by the establishment of this educational and historical landmark in her name.

Plans for the full museum involve two more phases. The second phase involves remodeling of the basement meeting room with the installation of museum cases in certain areas. When completed, the meeting room will be paneled and have modern lighting, lectern, floor, and built-in audio-visual equipment. The third phase involves the furnishing of the present refreshment room as an old time apothecary shop to be named after L. Manuel Hendler.

The Maryland Pharmaceutical Association has been fortunate in receiving the major portion of the pharmaceutical collection of the late L. Manuel Hendler from the Hendler Foundation. This is one of the outstanding collections of pharmaceutical artifacts in this country, containing many unique and unusual items sought after by national museums.

The museum also will contain some memorabilia of the late Dr. Robert L. Swain, presented by Mrs. Swain, and momentos of Dr. E. F. Kelly donated by his son, Kenneth L. Kelly.

All who possess any objects of pharmaceutical interest, including books are urged to present them to the B. Olive Cole Museum and the adjoining library.

The preservation of our history and our heritage is important in understanding the present and anticipating the future. Greater appreciation of our history by laymen as well as those in pharmacy can be achieved. Students will benefit from the opportunity to see and to study the tools and books of the teachers, leaders, and practitioners of the past.

All pharmacists and those persons allied with the drug industry can participate in making the three-phase plan a reality. A joint "Swain-Cole Fund" has been established to provide funds for both the B. Olive Cole Museum and the Dr. Robert L. Swain Model Pharmacy to be established in the Dunning Hall, also under M.P.A. auspices.

The progress made so far is due primarily to the leadership and vision of the Swain-Cole Fund Chairman, Irving I. Cohen, whose persistence and patience kept the project alive for a decade and now has brought Phase One to a reality. Associated with the "Swain-Cole" Committee are Dr. Fitzgerald Dunning and Simon Solomon as Honorary Chairmen and L. Scott Grauel as Contributions Chairman.

Generous contributions have already been made by a few firms and individuals. In the near future a formal campaign will be launched.

We are confident that all of you will respond generously when called upon to assure completion of these valuable educational and historical projects which will bring distinction to our profession and benefit to everyone.

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President's Message

Dear Fellow Members:

As president of the Maryland Pharmaceutical Association, I paused to reflect for a moment on the position that you and I occupy as pharmacists in this State. One can cite the pharmaceutical industry and all the research it has done to improve the health of the people; the amount of capital spent on research by the ethical pharmaceutical manufacturers in this country in one year was greater than that spent by the pharmaceutical industry in the rest of the world. If we narrow this further to the Atlantic Seaboard States only, which, within their boundaries, contribute one-third of our industry's activities to this Country, we may deduce that our voice, if exercised, will carry a profound impact on pharmacists everywhere, and will elicit their respect, you can be sure.

I stress the importance of this influence and offer the Association to you as a sounding board and a laboratory for modern ideas to perpetuate and to elevate the profession which is so very close to our hearts.

Your officers and Executive Committee have recognized fully the drastic changes that are taking place within our profession and are at this very moment deliberating with experienced officials on the subject of establishing a sound prepayment prescription insurance plan. Development of this plan will be discussed in a later message.

Activities involving pharmacy services under the program, both State and local, are being negotiated by representatives of your Association, whose knowledge and accomplishments concerning such programs are unsurpassed.

Intense work and preparations are being devoted by your Committees on the Simon Solomon and Swain Seminars. It is imperative that you make preparations to attend them.

The fixture portion of the Cole Museum has been installed in the Kelly Building, under the leadership of School of Pharmacy Committee Chairman Irving I. Cohen. The handling and display of the pharmaceutical collection is proceeding under the supervision of Curator Gordon A. Mouat.

I have touched just briefly on several of your Association's projects and have completely skipped over others. I expect to follow up in future messages the complete activities of your Association in issues yet to come.

Please become active. We need your assistance, and you need your Association.

Sincerely,

ALEXANDER J. OGRINZ, JR.
President

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Secretary's Script...

A Message from the Executive Secretary

DRUG ABUSE AMENDMENTS OF 1965

Pharmacists and everyone in the drug field must familiarize themselves with the provisions of H.R. 2—the Drug Abuse Amendments Act of 1965. Elsewhere in this issue our legal counsel, Joseph S. Kaufman, reviews the new law for the information of all.

The Association will mail pertinent information to each member and keep everybody informed as to which stimulant drugs are covered according to the Food and Drug Administration.

50 YEARS OF TAMPA

TAMPA—the Travelers Auxiliary of the Maryland Pharmaceutical Association—celebrated its 50th anniversary with a truly gala dinner dance at the Emerald Gardens on November 11.

President Herman Bloom, Chairman Fred Plate, the Social Committee and the entire TAMPA membership are to be commended for arranging a memorable evening.

A record attendance was set with a large turnout of pharmacists joining the Travelers in celebrating this golden milestone.

We all look forward to even greater cooperative efforts between TAMPA and the pharmacists of Maryland.

Congratulations and best wishes for even greater accomplishments for the mutual benefit of both members of a most important partnership—MPA and TAMPA!

B.M.P.A. INSTALLATION

The 1966 Installation Dinner Meeting of the Baltimore Metropolitan Pharmaceutical Association has been set for Thursday, January 13, at the Emerald Gardens. All members are urged to make reservations upon receiving details in the mail.

ENROLLMENT IN BLUE CROSS PLAN

The annual enrollment period for the Association Group Blue Cross Plan is January 1st through January 15th. All members and non-pharmacist full time employees of pharmacist members may enroll or transfer from individual membership and other groups.

PRIORITY PROJECTS FOR M.P.A.

Your Association officers and committees are proceeding with the following high priority projects:

1. Policies and compensation for pharmacy services under the Maryland Medical Care Program and Medicare.
2. Prescription Prepayment Plans.
3. Pharmacy legislation, regulation and enforcement.
4. Status of pharmacists in the Armed Services (draft deferment and military assignments).
5. Hospital pharmacy practices.
6. Pharmacy practices in nursing homes.
7. Liaison with the State Medical Society (new Federal Drug Abuse Law, physician ownership of pharmacies and drug dispensing).
8. Mental health centers planning.

In addition to these critical matters, we are of course involved in a host of other vital programs. Some of these are: careers in Pharmacy, scholarships, continuing education (seminars, convention and regional meeting programs), manufacturers' policies, public information, inter-professional relations and many others.

It looks like a rather busy year (or decade) ahead. There is obviously plenty of room and an urgent need for every pharmacist to contribute some of his time, effort and talent to his profession.

We look forward to an increasing number of pharmacists who will be willing to augment the circle of the "same old crowd."

Change will always be the rule for pharmacy, as for all of life. Urgent problems will likewise always be with us. Let us look upon them as great challenges and great opportunities in 1966 and the years ahead.

All who are ready to meet these challenges and understand the opportunities inherent in inevitable change will be in the vanguard of progress in pharmacy. They will reap the professional and personal rewards of open minds and ready hands.

A joyous holiday season and a happy New Year.

Nathan S. Gruy
Executive Secretary

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National Pharmacy Week, October 3-9

National Pharmacy Week was observed by the Nation's pharmacists October 3 through 9. Window streamers were furnished all members.

Although no National professional display contest was held this year, the Maryland Pharmaceutical Association sponsored a State competition and the Baltimore Metropolitan Pharmaceutical Association sponsored a contest for the Greater Baltimore area.

Radio and television publicity was arranged by the M.P.A. and B.M.P.A. public relations committees. Professional window display posters and installation service were made available to all pharmacists.

The Enoch Pratt Free Library participated with the installation of a Pharmacy Week display in its main window at the Central Branch.



Recognition of the professional contribution of the community pharmacy as it appeared in the National Pharmacy Week window of the Pratt Library's Central Branch in Baltimore.



*To a child, hope is a buttercup under the chin.
Hope is the promise of snow in the air.
Hope is the hinted surprise in a stocking at Christmas.
Our hope for you is for a Merry Christmas
and a prosperous New Year.*

**Fall Regional Meeting, Maryland Pharmaceutical Association
Peter Pan Inn, Urbana, Maryland, October 28, 1965**



Courtesy Paramount Photo Service

Past President Solomon Weiner accepting the Squibb "Past President Award" from John G. Bringenberg, Baltimore Manager, E. R. Squibb & Sons.



Courtesy Paramount Photo Service

Guest Speaker Leon J. Silin (center) of the Social Security Administration, who spoke on "Medicare and the Pharmacist", together with M.P.A. President Alexander J. Ogrinz, Jr. (left) and Executive Secretary Nathan I. Gruz.

Medicare And The Pharmacist

By Leon Silin*

It is a pleasure to have the opportunity this afternoon to say a few words about Medicare and its meaning to you as a citizen as well as a member of the pharmacy profession. We want and need your cooperation, and so we welcome the chance to explain Medicare and its significance.

We are especially mindful of the fact that the neighborhood pharmacist plays a very important role as a community source of health information. He is not just the local dispenser of drugs, sodas, and sundries, but he is also a trusted friend to whom many people turn in time of trouble, especially where medical problems are concerned. He is the source of advice, counsel, and guidance, particularly to older people who may not have anyone else in whom to confide. So it is very likely that many pharmacists will be called upon by their customers to furnish information and advice about Medicare.

First of all, therefore, you should know, at least generally, what Medicare in fact is. It's a health insurance policy for people age 65 and over, and we believe it's a pretty good one. For the first time in our history, the elderly population of America, as a group, will be able to purchase health insurance comparable in quality and range of services to that now generally available to younger people. And while Medicare will by no means solve every problem the aged have in financing their health care, it is a king-size step toward making high quality health care available to them.

This is the fundamental concept of Medicare which so often is overlooked in any debate about its value. It was not brought into being in any way to provide or to supervise medical services,

but only to help aged people pay for needed health care. And these are the very people that need health care the most, and who are the least able to pay for that health care.

Well, then, what does Medicare pay for? We have to explain that there are two parts to this program. First there is a basic plan for hospital and hospital-related benefits. Payment for inpatient hospital services is provided for the first 60 days of a spell of illness with an initial deductible of \$40, and payment for 30 additional days is provided with co-payment by the patient of \$10 a day. The services covered are those ordinarily furnished by hospitals to inpatients who occupy semi-private accommodations. Physician services, private duty nursing, and personal comfort items are not covered.

Suppose a beneficiary must go to the hospital for ten days and the bill runs up to as much as \$700 (and this is not at all an unrealistic figure today). Under Medicare, the patient only has to pay the initial deductible of \$40, while the Government pays the remaining \$660. I leave it to you to decide whether or not this will be a help to our aged population and to the people they would have to turn to for help to meet that bill without this new health insurance policy.

Payment for outpatient hospital diagnostic services is also provided. For each diagnostic study, in a 20-day period, by the same hospital, the patient pays a \$20 deductible, and 20 per cent of the remaining charges for the study. This benefit will enable the patient to get a diagnostic workup without forcing him to go into the hospital as an inpatient and to use a hospital bed which is sorely needed for a patient in a more acute situation.

Payment is also provided for inpatient care in an extended care facility, such as a skilled nursing home, after transfer from a hospital. The patient has full coverage for the first 20 days, and then

*Health Insurance Benefits Specialist, Bureau of Health Insurance, Social Security Administration. For presentation to a meeting of the Maryland Pharmaceutical Association on October 28, 1965, in Urbana, Maryland.

for an additional 80 days with a co-payment of \$5 a day by the patient—for a total of 100 days during any siege of illness.

Lastly, payment for post-hospital home health service is provided for up to 100 visits during the one-year period after discharge from a hospital or extended care facility, and before the beginning of the next serious illness.

A spell of illness starts on the first day an eligible person receives covered services in a hospital or extended care facility. It ends when he has not been a patient in a hospital or extended care facility for 60 days. In other words, when he's used up his benefits, he cannot become eligible for these benefits again until he has been well, or at least out of the hospital or nursing home, for at least 60 days.

What we call basic hospital benefits are automatically available to all social security and railroad retirement beneficiaries who are 65 years of age. These will also be available to those people now 65 or who will attain the age of 65 before 1968, under certain deemed entitlement provisions in the law, even if they would not ordinarily qualify as social security or railroad retirement beneficiaries. We expect that when these benefits become effective, July 1, 1966, that 19 million aged people will be qualified to receive them.

The second part of the program is called a supplementary plan. This provides medical insurance benefits. The most significant benefit, under this part of the program, is, of course, payment for physicians' and surgeons' service. Payment is made whether these services are rendered in a hospital, in the doctor's office, in the patient's home, or elsewhere.

Payment for up to 100 home health visits in a year are also provided. Prior hospitalization is not a prerequisite. This is in addition to the 100 visits paid for under the basic hospital program. Coverage, under both programs, would be for items and services provided in the

patient's home by a home health agency, but must be furnished under a plan established and supervised by a physician. They include such things as part-time nursing care, physical therapy, occupational therapy, speech therapy, and so on.

A number of other medical and health services are covered, such as diagnostic tests, X-ray and other radiation treatments, artificial limbs, and the rental of durable medical equipment, to mention only a few. The patient has to pay a \$50 deductible for each calendar year, and 20 per cent of the remaining expenses for all covered services provided during the year. The Government pays the remaining 80 per cent. This part of the program is not to be financed from social security contributions; the benefits it provides are not automatic, but are available only to those who have voluntarily enrolled and agreed to pay a monthly premium of \$3 which is matched by an equal amount from general revenues.

It has been estimated that from 80 to 95 per cent of the eligible aged will wish to enroll. This would mean that approximately 15 to 18 million individuals will be eligible for the supplementary benefits on July 1, 1966, when these benefits, too, become effective.

Now I would like briefly to summarize the provisions in medicare which deal with payment for drugs and biologicals—provisions which would, of course, be of special interest to this group.

Under the basic hospital insurance program, payments will be made for drugs and biologicals as well as other supplies and equipment which are ordinarily furnished for the care and treatment of inpatients of a hospital or skilled nursing home. Drugs and biologicals furnished in connection with home health services are specifically excluded.

The only drugs that will be covered under the supplementary medical insurance program are those which are commonly provided by a physician in his office, which cannot be self-adminis-

tered, and which are incidental to the physician's service. Payment will be made only for those drugs and biologicals which are included, or approved for inclusion, in one of the five following compendia named in the law: *The U.S. Pharmacopeia*, *The National Formulary*, *The U.S. Homeopathic Pharmacopeia*, *New Drugs*, or *Accepted Dental Remedies*. Also covered, in the case of a hospital, are drugs approved for use in the hospital by the pharmacy and drug therapeutics committee of the medical staff of that hospital.

The law does not contain any provision which governs the source of supply from which hospitals and extended care facilities may obtain their drugs. Thus, drugs obtained by a hospital or skilled nursing home from a retail pharmacy could be covered. Payment by the program would, in all cases, however, be made to the hospital or extended care facility. No payment for drugs would be made to retail pharmacies. Payments would be based on the reasonable cost incurred by the hospital or nursing home in obtaining the drugs. As you know, prescription drugs purchased by an individual from a retail druggist are not covered.

There were amendments proposed by Senators Javits and Aikens calling for the coverage of prescription drugs, but these were not adopted. It may have been felt that their coverage would result in a substantial increase in program costs which was not feasible at this time. Senator Javits also proposed an amendment requiring the Secretary of Health, Education, and Welfare to study this question and to report to Congress by June 30, 1966. This amendment was adopted by the Senate, but was deleted by the Conference Committee. The Department of Health, Education, and Welfare was not opposed to this study, although it felt the reporting date was too early. According to Senator Long, the House conferees felt that the amendment was undesirable since it might imply a commitment that Con-

gress agree with the results of the study. Furthermore, the Department already had the authority to conduct studies on the question of coverage of prescription drugs, under another provision of the law directing the Secretary to study all matters generally relating to health care for the aged.

My own neighborhood pharmacist has asked me, and perhaps you are thinking of asking, whether or not coverage of prescription drugs under medicare is in the offing, and if so, when. I am not in any better position to answer that question than any of you are. Whatever answer I gave would be purely personal conjecture. As you all know, it will depend on the will of the people and the diligence with which people concerned communicate their wishes to Congress.

Whether medicare is a good or bad law, and what should be done to change or improve it may be properly debated. For the time being, most of us now feel that the administration of the law, as it is, is the matter to which we must all turn our attention with a shared concern that it must contribute to, and not detract from, the quality and availability of health services for the American people.

One of our first jobs was to prepare descriptive pamphlets and to distribute millions of them to the public. We have also completed the mailing to each social security beneficiary and railroad retirement annuitant who is 65 or over of an application card for enrollment in the supplementary medical insurance program. To exercise his option, the beneficiary can simply check yes or no, sign his name and return the card to us. In this way we will reach about 80 per cent of the aged. Since these people are automatically covered for the hospital program, they need only complete the simple application card which we have sent them to get complete coverage.

About a third of the remaining three and one-half million not yet on the rolls are receiving old-age assistance and will be reached through state welfare

agencies. The rest of the potential beneficiaries will have to get in touch with their local social security district offices in order to establish their entitlement to hospital insurance and to sign up for the supplementary medical insurance if they wish.

The person who is 65 now or will attain age 65 before the end of this year stands to lose out if he fails to sign up promptly for the medical insurance, because the first enrollment period closes on March 31, 1966. He will not ordinarily have another chance to sign up for medical insurance until the latter part of 1967; if he enrolls then, his coverage will not begin until the middle of the following year, and he will have to pay a higher premium than if he signed up at his first opportunity.

We hope, therefore, that members of the pharmacy profession will consider how, in their daily contacts with aged persons, they can find opportunities to help inform them about the protection that is available to them if they apply for it. Our staff is even exploring the feasibility and means of enlisting the aid of the neighborhood pharmacist to act, if he would, as an unofficial information center on Medicare, and display a supply of our pamphlets and leaflets. Of course, we would not expect him to have all the answers, but he could refer people to the nearest social security office where the staff can provide detailed and authoritative information.

Let me say that few of us in Government have ever seen a program begin with so great a commitment to consultation as the basis for its administrative judgments. We have, and we are, continually asking for guidance, and we are carefully listening to advice. To name a few of the groups with whom we have been meeting: the American Hospital Association, State Hospital Associations, The American Medical Association, The Blue Cross Association, and several individual plans, Nation Blue Shield, a task force composed of representatives of many commercial in-

surance companies, The Joint Commission on Accreditation of Hospitals, representatives of nursing homes, and many more. We have also met with representatives of The National Association of Retail Druggists on several occasions. It will continue to be our policy to adopt rules and regulations and procedures only after consulting closely with people who have a professional interest and a technical competence in matters which affect our program.

In concluding, let me emphasize that the role of the Federal Government as we see it, is to provide a method of payment for health care costs and fees for services provided in accordance with high quality and professionally approved standards. The program will not interfere with the doctor-patient relationship nor the administration of health care facilities. What it will do is to assure our elderly population that the costs of quality care will be met. Hopefully, moreover, by providing patient income for 19,000,000 Americans for a comprehensive range of health services, the new program should encourage states, communities, hospitals, and the medical profession to plan the expansion of health services and health facilities on a sounder financial assurance of payment than in the past, and ultimately to offer the consumer greater access to the best in health care.

—O—

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patients—this can be an important plus.

Perhaps you'll want to consider Erythrocin—next time a prescription comes in for erythromycin.

Precautions and Side Effects: Do not use in persons with known sensitivity to erythromycin. Occasional side effects are abdominal discomfort or cramping; nausea and vomiting (often controlled by dosage reduction) and mild allergic manifestations. Serious reactions have been extremely infrequent. If signs of sensitivity appear, proper countermeasures (e.g., epinephrine, steroids, etc.) should be administered and the drug should be withdrawn. If overgrowth of nonsusceptible bacteria or fungi occurs, withdraw drug and institute appropriate treatment if necessary.

509233



1. Gilbert, F. I., Jr., J.A.M.A., 182:1048, December 8, 1962.

2. Robinson, M. N., Am. J. Sc., 243:502, April 1962.

Feldmann Talks on Medicare's Relation to N.F. Admissions Policy

At the annual meeting of the Parenteral Drug Association in New York in October Dr. Edward G. Feldmann, Director of Revision of the National Formulary of the American Pharmaceutical Association, talked to the group with a view toward clarifying the relationship between Medicare and the new Formulary policy. This is yet another aspect of a vital issue which you will find treated elsewhere in this month's *Maryland Pharmacist*.

The new law, in its definition of drugs for which payment will be allowed, limits payment for those drugs described in certain specific compendia, including the National Formulary.

To quote Dr. Feldmann, "Without some such definition there would be no means of defining the drugs for reimbursement, and virtually any nostrum or quack remedy could qualify for payment. This obviously would be to the detriment both of the individual patient and the tax-paying public. Therefore, while the National Formulary in no way invited nor solicited this recognition in the Medicare act, nevertheless Congress saw fit to include it in this manner. Furthermore, if our assumption is correct that Congressional intent in so doing was to avoid payment for worthless drugs, then we heartily support the intent of Congress and the apparent confidence which is thereby expressed in the N.F."

Medicare makes no provision to pay for drug combinations except those in the cited compendia or approved by hospital pharmacy and therapeutics committees. Immediate attention was given to the National Formulary policy regarding inclusion of combinations.

In discussing the N.F. Committee's decision to recognize only combinations which provide a therapeutic advantage which would not be obtained from the ingredients separately, Dr. Feldmann stated that "Promotional gimmicks and prescribing fads have no place in an

official compendium and, as a consequence, must be appropriately discounted by the medical advisors considering and recommending drugs or drug combinations for admission to the N.F."

In response to the question of what ramifications pertaining to Medicare will result from this change in the N.F. admissions policy, which establishes *therapeutic value* instead of extent of use as its criterion, Dr. Feldmann opined, . . . "two chief differences should result.

"First of all, nostrums which had been previously accorded recognition in the N.F. due to some degree of extent of use are now excluded from the National Formulary. As a consequence, articles of such questionable therapeutic value will not qualify for financial reimbursement under Medicare, and their use will be further discouraged.

"A second probable effect, on the other hand, will be that good drugs which have not achieved a significant degree of popularity for various reasons, such as rarity of the condition being treated, cost of the drug, and so on, will now fully qualify for N.F. admission and recognition. It can be expected that this will facilitate and encourage utilization of such drugs for patients qualifying under the provisions of the Medicare act and, as a result, such desirable therapy will be stimulated."

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Pharmacists Participate In Civil Defense Seminar

I attended the Professional Training Seminar sponsored by the U. S. Department of H.E.W., Region III, at Charlottesville, Va. on October 7, 1965.

This Seminar was for the purpose of exploring the role of the various allied Health Professions in disaster situations.

Of greatest interest to pharmacists is the fact that the U.S. Department of H.E.W. recognizes the value of training and skill the pharmacist has in certain areas which would be of significant value in disaster situations.

Recommendations have been made to define more clearly the role of the various allied health professions, so that the members of each profession can better understand how to utilize their skills to the greatest advantage and usefulness.

To this end a manual has been prepared by the A.Ph.A. on "The Role of the Pharmacist in National Disasters." Other manuals have been prepared by the Department of H.E.W. to augment the knowledge of the pharmacist and thus render him even more valuable in areas of survival in the event of a national disaster.

A program is being designed to educate the pharmacists in the need actually to participate in programs most suitably adapted to his existing knowledge and skills. Participation in these programs will increase the knowledge of the pharmacist, and make him ready to assume the role of a leader in the event of a national disaster where he lives of his family, his neighbors, and himself may depend upon what he has learned.

JEROME MASK

Civil Defense & Disaster Survival
Committee

Maryland Pharmaceutical
Association

Milton L. Elsberg Honored By B'nai B'rith

Milton L. Elsberg, President of Drug Fair and member of the Maryland Pharmaceutical Association, was honored at a testimonial dinner-dance at the Plaza Hotel in New York on November 29. It was sponsored by the Drug & Cosmetic Division of the B'nai B'rith Anti-Defamation League.

Mr. Elsberg, a member of the Executive Committee of the D. C. Regional Board of the League, was one of three industrialists honored with Torch of Liberty awards. He was chosen "Man of the Year" by the Brotherhood of the Washington Hebrew Congregation in 1964, is a founder and partner of Drug Fair.

The awards, which were announced by Jerome P. Pitkon, Chairman of the Drug & Cosmetics Division of A.D.L., are for "distinguished service in the cause of human rights."

Pumpian Elected

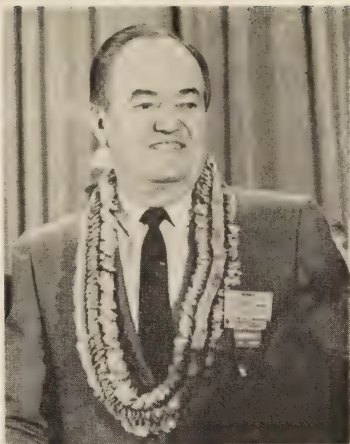
Paul A. Pumpian, Secretary of the Wisconsin State Board of Pharmacy, has been appointed a member of the National Council of the Federal Bar Association by Marshall C. Gardner of Washington, D.C., Association President. The Council is the Association's controlling "Legislative Body."

Now serving as Chairman of the Executive Committee of the Milwaukee Chapter of the Federal Bar Association, Pumpian was the Chapter President last year.

James E. Allen of Gilpin Honored At NARD Convention

At the 67th Annual Convention of the National Association of Retail Druggists which was held the week of October 10 at the Washington (D.C.) Hilton Hotel, Mr. James E. Allen, President of the Henry B. Gilpin Company, received a plaque commemorating the service and merchandising achievements of the firm since it was founded in 1845. The award was presented by Mr. David A. Pettigrew of Sylvania Lighting Products, Inc.

On the platform with the honored guest was Charles R. Beall, President of the National Wholesale Druggists' Association and Williard B. Simmons, Executive Secretary of the National Association of Retail Druggists, representing pharmacy's appreciation of the Gilpin Company as a leading wholesale supplier of pharmaceuticals and drug store products for 120 years.



(Photo: Jerome L. Fine)

VICE PRESIDENT HUBERT H. HUMPHREY AS HE APPEARED AT N.A.R.D. CONVENTION IN WASHINGTON, OCTOBER 8-14, 1965.



Left to right: Charles R. Beall, Mr. Allen, David A. Pettigrew, Willard B. Simmons

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Belvedere Pharmacy, David Karlin, Pres., 2803 Belvedere Avenue, Baltimore, Maryland 21215.

The Hospital for the Women of Maryland, Lafayette Avenue and John Street, Baltimore, Maryland 21217.

The following are changes of pharmacies which occurred during the month of October:

New

Mattapony Pharmacy, Walter S. Rosenberg, Prop., 4919 - 57th Avenue, Bladensburg, Maryland.

Change of Ownership, Address, Etc.

Walther Pharmacy, Inc., John H. Shellenberger, 3407 Hamilton Avenue, Baltimore, Maryland 21214.

Read Drug & Chemical Company, Ellis Myers, Vice-Pres., 8642 Liberty Road, Randallstown, Maryland. (Formerly, Rx Stores, Inc., Liberty Court Pharmacy, Robert Stofberg, Pres.).

Read Drug & Chemical Company, Ellis Myers, Vice-Pres., 3 E. Seminary Avenue, Lutherville, Maryland 21204. (Formerly, Rx Stores, Inc., York Seminary Pharmacy, Robert Stofberg, Pres.).

No Longer Operating As Pharmacies

Jules Drug Store, Julius J. Tralins, Prop., 891 W. Fayette Street, Baltimore, Maryland 21201.

Peoples Drug Store No. 131, G. B. Burrus, Pres., 3204 Hamilton Street, Hyattsville, Maryland.

Wich's Pharmacy, Ferdinand F. Wirth, Jr., Prop., 307 N. Ellwood Avenue, Baltimore, Maryland 21224.

Pharmacy Changes

The following are changes of pharmacies which occurred during the month of September:

New

Cross Keys Pharmacy, Martin E. Deming, Pres., 40 Village Square, Baltimore 10, Maryland.

Drug Fair No. 74, Milton L. Elsberg, Pres., 9612 Fort Meade Road, Laurel, Maryland.

Greater Baltimore Medical Center, Inc., Mrs. H. N. Baetjer, Jr., Pres., 6701 N. Charles Street, Baltimore, Maryland 21204.

Change of Ownership, Address, Etc.

Oakdale Pharmacy, Peter Hirsch, Prop., 1713 Edmondson Avenue, Baltimore, Maryland 21228. (Formerly owned by Nathan Pelovitz).

Wabash Pharmacy, Robert & Rose Fribush, Props., 3741 Wabash Avenue, Baltimore, Maryland 21215. (Formerly owned by William Moshenberg).



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These successful products and their precursors—the many unsuccessful ones—are the reasons that Merck & Co., Inc. will spend nearly \$32,000,000 on research during the year 1965; an expenditure of about 10 cents out of every sales dollar. Research expenses over the past 10 years have increased faster than sales; fortunately, earnings have kept pace.

During 1964, for instance, MSD had 10 products among the top 200 pharmaceuticals:* DECADRON® (dexamethasone), DIURIL® (chlorothiazide), ELAVIL® (amitriptyline hydrochloride), HydroDIURIL® (hydrochlorothiazide), PERIACTIN® (cyproheptadine hydrochloride), DECAGESIC®, DIUPRES®, HydroDIURIL-Ka®, HydroPRES®, NeoDECADRON®.

MSD strives continuously to produce new and more useful drugs. These drugs are promoted to physicians and pharmacists by highly trained, well-informed MSD representatives. Your MSD representative is constantly busy helping you share in the business generated by the increased flow of prescriptions for these leading products.

*Figures are from the National Prescription Audit, General Information Report, College Edition, prepared by R. A. Gosselin & Co., pharmaceutical market research organization.



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Volume 24

NOVEMBER 1965

No. 1

TAMPA Annual Meeting

By Joe Hugg

Tampa's "Golden Jubilee" year got off to a flying start when they held their first luncheon meeting of the new administration on October 9, 1965. The location was the beautiful Turf Valley Country Club. A goodly number of TAMPA members were present and enjoyed an excellent lunch preceded by the usual social hour. Letters of thanks were read in appreciation for a silver compote which was presented to the Past President, Don Spedden, of the recent administration, and from Bernie Ulman, for the Silver Tray presented him by the members of the cast of TAMPA Palace, 1965.

Everyone was complimentary about the interesting and informative demonstration and explanation of golf techniques by Bill Strausbaugh, golf pro of the Turf Valley Club. Listening to and watching Bill demonstrate "how to improve your game" was most interesting and informative. Yours truly is not a golfer; however, listening to Bill, one

certainly can understand why so many people enjoy the game.

President Herman Bloom showed a film depicting what life is like at Tamiment. Tamiment, as you probably know by now, is a mountain resort in the Poconos which will be the site of the 1966 annual pharmaceutical convention. Members were appreciative of Joe Costanza's thoughtfulness and generosity in his contribution of cigars for everyone present. Ed Kabernagel, as well as everyone else, enjoyed the tinkling of glasses as he tried to give his report as chairman of the publicity committee. Seems as if someone accidentally created a little noise by the tinkling of glasses when Ed was president a few years back. Ed has never forgotten it, and the way it looks now, the members will see to it that he never does.

B.M.P.A.

Installation Dinner Meeting

January 13, 1966

Emerald Gardens

Baltimore Metropolitan Pharmaceutical Association

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For a 2 year term
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NICHOLAS C. LYKOS
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MILTON SARUBIN

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

The recent meetings of the B.M.P.A. have proved to be excellent contributions toward the continuation education program for pharmacists that we are trying to provide.

In October we were fortunate to have as a speaker Dr. Peter P. Lamy, Assistant Professor of Pharmacy at the University of Maryland School of Pharmacy, whose subject was "New Developments in Pharmaceuticals." Dr. Lamy reviewed the subject of I.U.D. or intra-uterine devices and had samples of various devices on hand. He also spoke on DMSO which had been reported as effective in a wide range of conditions. Samples of the chemical from a number of sources were shown.

The important subject of "The Federal Drug Abuse Amendments of 1965" was presented to a large turnout of the membership by Joseph S. Kaufman, legal counsel for B.M.P.A. and M.P.A.

The pharmacists who attended these meetings and heard the discussion periods took advantage of opportunities for learning. It is our hope that even more members will attend the B.M.P.A. meetings which are planned to keep them informed.

At this time let me invite all of you to attend the B.M.P.A. Installation Dinner Meeting on January 13th. This is an occasion to honor those who devote time and effort to their profession. In addition, there is always an excellent message from an outstanding guest speaker.

On behalf of the B.M.P.A., I would like to take this opportunity to acknowledge the magnificent work of Dr. J. Wilfred Davis, Assistant Commissioner of Health, who has been in charge of the Baltimore City Medical Care program since 1948. We wish Dr. Davis well on his retirement and express our appreciation for his cooperation with the pharmacists of the City.

Sincerely,

MARION R. CHODNICKI
President.

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Pharmacists Responsibilities Under The Drug Abuse Control Amendments of 1965

By JOSEPH S. KAUFMAN

This talk was delivered at the October meeting of the Eastern Shore Pharmaceutical Society, St. Michaels, Md.

President Johnson, on July 15, 1965, signed into law The Drug Abuse Control Amendments of 1965 which will become effective February 1, 1966. The bill provides increased control over the distribution of barbiturates, amphetamines, and other drugs having a similar effect on the central nervous system. The controls are accomplished through increased record-keeping and inspection requirements and through providing for rules governing interstate traffic in these drugs because of its effect on interstate traffic. It would also make possession of these drugs illegal outside of the legitimate channels of commerce. Additionally, the bill increases the power and authority of the Department of Health, Education and Welfare over counterfeit drugs.

State control of the illicit distribution of barbiturates and amphetamines has been anything but uniform or effective. Since 1947 the State of Maryland has had more stringent regulations for barbiturates which may have "an hypnotic or somnifacient action"(1) than other drugs. This legislation was designed "to place upon manufacturers, wholesalers, licensed compounders of prescriptions, and persons prescribing such drugs a basic responsibility for preventing the improper distributing of such drugs . . ." The statute required that the barbiturate be delivered only pursuant to a

prescription and it be specially labelled. It prohibited ". . . possession of a barbiturate by any person, unless such person obtained such drug or prescription . . ." from a practitioner. Pharmacists were specifically required to inventory all stocks of barbiturates, all future receipts of barbiturates, and to maintain careful records of all barbiturates dispensed by them. The State Board of Health was authorized to inspect the records of any pharmacist and was given the right to make an inventory of all stock of barbiturates on hand.

Although many states, including Maryland, had such legislation, the illicit traffic in these drugs flourished. Testimony at hearings on this new bill revealed that over nine billion barbiturate and amphetamine tablets are produced annually in the United States, of which, it was estimated, that over fifty per cent, or four and one-half billion tablets, are distributed through illicit channels.(2) It was shown that drug abuse was bound up with juvenile delinquency and that misuse of these drugs contributed to the rising rate of highway accidents.

On January 15, 1963, President Kennedy established the President's Advisory Commission on Narcotic and Drug Abuse under the chairmanship of Judge E. Barrett Prettyman. After extended hearings, research, and deliberation it recommended legislation along the lines of the new act. Similar legislation passed the U.S. Senate of 1964, but the House of Representatives had insufficient time to consider the measure. President Johnson recommended this bill to the Congress this year, and it was supported by organized pharmacy and medicine.

Scope of Coverage

This legislation immediately places barbiturates and amphetamines in the category of drugs subject to more stringent controls . . .

Mr. Kaufman is the legal counsel for the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

1 Chapter 739, Laws of 1947 (Codified in Article 27, Section 284 thru 289 Annotated Code of Maryland, 1957 Edition)

2 See Legislative History, 1965—U.S. Congressional and Administrative News, Page 1578

... The Secretary is now considering certain drugs, and previously certain tranquilizers, within the classification.(3) Drugs which produce a hallucinogenic effect, if considered to contain potential abuse, will also be classified similarly by the Secretary.(4)

The statute prohibits the possession of depressant or stimulant drugs except for a person's personal use or for a member of his household. The provision has been carefully drafted so as to make it clear that the purpose is not to punish individual drug users, but rather to combat the illegal traffic in these drugs. The quantity of such a drug found in one's possession would bear on the *bona fide* intent to use the drug for one's self.

Record-Keeping and Inspection

Congress has sought to establish controls upon the distribution of depressant and stimulant drugs from the manufacturer to the ultimate consumer. Each person in the chain of distribution shall maintain records for not less than three years with respect to the drugs covered by the bill and will make these records available for inspection. The legislation specifically provides "No separate records, nor set form or forms for any of the foregoing records, shall be required as long as records containing the required information are available."(5) The purpose of this provision is to insure that the ordinary business records kept by legitimate businessmen will be considered as adequate records for the purpose of this legislation.(6)

Every pharmacist today is required by law to keep a complete record of all prescriptions which he fills. Therefore, the record-keeping requirements contained in this legislation impose no additional requirements upon pharmacists which are not already met under other

laws. Pharmacists maintain separate records on narcotics. It would seem to be good practice, although not specifically required, to maintain separate files or other records with respect to drugs covered by this legislation. The maintenance of separate record files will insure that inspection authority granted by this act will extend only to those separate files or records. However, it is important to note that separate files or records are not mandatory.

Inspections are authorized by duly designated agents for the purpose of tracing the flow of these drugs from manufacturer to consumer or in order to pinpoint areas of diversion. *Inspections are an integral and essential part of the enforcement machinery, and because of this fact, it is strongly urged that separate, complete and accurate records be constantly maintained. These records must be kept for a minimum of three (3) years.*

It is mandatory that the pharmacist take an inventory of the drugs in question in his stock on February 1, 1966. Thereafter, he will be strictly accountable for all barbiturates, amphetamines and other designated drugs coming into his possession.

It is of particular interest to note that a physician who "regularly engages in dispensing any such drug or drugs to his patients for which they are charged, either separately or together with charges for other professional services"(7) are subject to the same record-keeping and inspection responsibilities. While the bill exempts from the record-keeping and inspection requirements practitioners who administer depressant or stimulant drug while acting in the course of their professional practice, it treats physicians who compound and dispense in the same fashion as pharmacists.

3 It is expected, for example, that peyote is a substance that will become subject to this legislation.

4 The most prominent of the hallucinogenic drugs being abused today is d-lysergic acid diethylamide (commonly referred to as LSD-25) used in psychotherapy and as a research tool in psychiatry.

5 Section 511 (d) (1) of Food, Drug and Cosmetic Act.

6 See Legislative History, 1965, U.S. Code Congressional and Administrative News, Page 1582

7 Section 511 (d) (3) of Food, Drug and Cosmetic Act.

Limitations on Refills of Prescriptions

Testimony in committee revealed that one source of depressant and stimulant drugs for individuals involved in drug abuse were prescriptions which were unlimited, either as to duration or to the number of refills permitted. In order to correct this potential evil, no prescription can be renewed more than *five* times, and no prescription order may be dispensed or renewed more than *six* months after the date of the original. Stimulant or depressant drugs still may be dispensed on either written or oral prescription (provided it is promptly reduced to writing and filed by the pharmacist). If a patient desires to have a prescription refilled beyond six months or after five refills, the prescribing doctor may authorize additional refills, but the reauthorization itself becomes subject to the same six months or five refills limitations.

Counterfeit Drugs

New enforcement powers have been given to the FDA to eliminate the imminent danger of counterfeit drugs to the public health. These are not manufactured under the controls or with the care that is taken for the legitimate drug it simulates and there is no guarantee that the counterfeit drug contains the amount, quality and kind of ingredients the legitimate drug contains. It, like counterfeit money, is a fraud on the public.

Summary

The Drug Abuse Control Amendment of 1965 provides for major changes in the enforcement of the Food, Drug and Cosmetic Act. New controls have been established which are crucial to every pharmacist. Sufficient time has been allotted to allow full opportunity for understanding of these new provisions.

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For The Profession We Serve

(By Leonard J. Dueker, President of the National Association of Retail Druggists, to the Joint Annual Meeting of the Maryland and New Jersey Pharmaceutical Associations, at Atlantic City, N.J., June 28, 1965).

I am pleased and gratified to have a part in this joint meeting of the Maryland and New Jersey Associations. Your decision to convene together gives evidence of the kind of cooperation and unity of purpose which serves the highest interests of our profession while contributing importantly to the collective and individual strength of the pharmacists of both your states. The excellence of your programs and the accomplishments of your two organizations are known to a great many pharmacists all over America.

I would really be remiss if I failed to express my thanks to Leonard Rosenstein, Vice-President of the N.A.R.D., for the contributions to the programs of the N.A.R.D. Since this meeting is being held in Leonard's world-renowned home town.

There is another reason that impelled me to look forward to being with you, and that is the fact that Grover Bowles, President of the American Pharmaceutical Association, also is here. As presidents of our respective organizations, we have probably passed one another a great many times in high-flying airplanes; but the occasions have been all too scarce when we could physically share the same platform.

A.Ph.A. and N.A.R.D. Have Mutual Aims

Inescapably, there are those who view the American Pharmaceutical Association and the National Association of Retail Druggists as competitive groups. If I accomplish nothing else here today, I would like to lay at rest this mistaken concept and to clear up any misconception which might exist on the matter.

The N.A.R.D. and the A.Ph.A. were each created to serve pharmacy and

pharmacists. Both organizations are, I believe, earnestly engaged in efforts to do the best they can in their respective services to our profession. We share many of the same objectives and the organizations exist to strengthen the same profession. The differences between us are traditional and they are based on the primary function of each association.

The differences between the two organizations may, perhaps, be seen by making a comparison or two between President Bowles and myself. He, as most of you know, is a hospital pharmacist. I have devoted my career in pharmacy to the ownership and operation of a community pharmacy. I am sure we can find agreement in the thought that both of these callings are vital to the performance of pharmacy's broad role of service to humanity. Hospitals could hardly exist without on-premises pharmaceutical service. By the same token, a retail pharmacy represents an indispensable element in the protection of public health and community well-being.

The approaches which Grover Bowles and I might adopt with respect to a particular matter of professional or business interest will necessarily differ due to our varying commitments and function. A hospital pharmacist can pursue his career without ever owning a hospital, but a retail druggist, of necessity, must invest a substantial amount of money in store location, stock and inventory before he can serve his first customer. And he must take risks which the hospital pharmacist does not face. Nor does the fact that the hospital pharmacist as an employee makes no capital investment in the hospital he serves make his services the more professional.

We in this room, and others like us throughout the country who are independent retail pharmacists, have a deep interest in professional excellence, since the quality of our services and the esteem of our customers depend largely

on our professional competence. Additionally, the independent pharmacist is under the necessity—in this free enterprise system that characterizes America—of operating a profitable enterprise or ceasing to be a pharmacy proprietor. Anything which unjustly interferes with his opportunity to succeed constitutes a direct threat to his existence as an independent retail pharmacist.

Since organizations are—or, I think, should be—reflections of the interests of the majority of their members, we find that these differences in emphasis condition the outlook of our respective associations.

Take, for instance, the retail excise taxes on cosmetics, jewelry, leather goods and similar items. There is no reason for Grover Bowles to have more than a sympathetic interest in the problem. There is plenty of reason for me to be deeply engaged in an effort to have them repealed. You who are community pharmacists know at first that the imposition of these taxes hurt your business and cost you precious time and effort to collect the taxes and to keep full records on them. The N.A.R.D. took leadership in this fight some years ago, when everybody thought there wasn't a chance of victory in our time. As you know, President Johnson recently signed the repeal bill, and benefits should flow to every drug store in America, as well as to the American consumer.

The President recognized N.A.R.D.'s contribution to this repeal by inviting our own Williard B. Simmons, Executive Secretary of the N.A.R.D., to attend the signing ceremony in the White House, and he gave Willard, as a memento of the occasion, one of the pens he used in signing the repeal bill.

Views on Medicare

Let's look at Medicare. Grover Bowles and I surely agree that health services should certainly be available to all of our citizens. But we probably differ most strongly as to where they should

be available. When the Senate Finance Committee called hearings on Medicare, the bill contained a provision that seemed to make the hospital pharmacy the sole and exclusive dispenser of drugs for Medicare patients. You who are community pharmacists and, I think, most of you who are employed in community pharmacies, will understand why the N.A.R.D. vigorously opposed this provision which seemed to play favorites between various classes of competitive enterprises. The N.A.R.D. took the position in the hearings, and still holds it, that if the Medicare program is to provide drugs the community pharmacy should be entitled to maintain its historic position as the major source of medicaments. Diversion of this category of pharmaceutical service to non-taxpaying institutional outlets is, in our view, as unfair as it is economically, socially and medically unwise.

Wants Practice Stopped

Of course, most of you are fully familiar with hospital pharmacy-community pharmacy competition. We all recognize that hospital pharmacies must be able to provide full and essential in-patient service; and we understand the basis upon which tax-free status is accorded the hospital by the Internal Revenue Service. But I find when institutional pharmacies reach out into the marketplace and provide pharmaceutical services to a broad classification of people who are generally carried in the status of "out-patients," they compete against tax-paying community pharmacies. We believe this is an inequitable and untenable situation. We believe that neither logic nor fair play can countenance it. As far as I am concerned, and as far as the N.A.R.D. is concerned, the practice is destructive of community pharmacy and harmful to the interests of the 110,000 pharmacists—owners and employees—who depend on the community pharmacy for their livelihood. We say the practice must be stopped.

Price Cutting

Let's examine another difference. I want legislation — Federal legislation — that curbs the predatory price-cutting and misleading and deceptive practices that have made a jungle out of the marketplace and that threaten the existence of the independent retail pharmacist. I have no idea of Grover Bowles' position in this matter, but I do know that his career as a hospital pharmacist is in no way adversely affected by the unfair competitive practices I have just described. Further, I want branded prescription drugs covered by the Quality Stabilization bill, or by any other bill that may be considered to achieve the objectives of Quality Stabilization. I don't go along with anyone in pharmacy who says that prescriptions should be excluded from that coverage.

The N.A.R.D. is fighting for YOU in this legislation. You can win if you work as hard as the druggists of the country did in helping to bring about excise tax repeal . . . or as hard as the Ohio pharmacists worked in getting that new fair trade law which was upheld by the United States Supreme Court.

Physicians in Pharmacy

Another problem we community pharmacists are struggling with relates to the ethics involved in physicians profiting from the sale or dispensing of medicines. In our time, the American Medical Association had a policy which deplored the economic involvement of a physician in the dispensing or selling of medicines. This policy virtually prohibited a physician from being the owner—in whole or in part—of a drug store. Now, however, the situation is changed. No longer does the A.M.A. feel that physician ownership of a drug store raises questions of ethical propriety. I think that there is general agreement in pharmacy that the best interests of the professions, and of the public, would be served if the A.M.A. returned to its original position.

Various Activities

The sweep of the N.A.R.D.'s activities looking to the advancement of community pharmacy extends into other areas with which the hospital pharmacist may or may not identify himself. For example, we of N.A.R.D. feel that the owner of a pharmacy should be required by law to be a registered pharmacist. We have prepared a model bill embodying this objective for introduction in state legislatures.

Again, for example, we believe strongly that the best interests of the profession of pharmacy lie in making the drug store stronger and more prosperous and, therefore, enabling it to create ever expanding opportunities for the employment of registered pharmacists . . . and, let us not forget, enabling more and more pharmacists to own their own pharmacies. Toward this end, we do everything we can to help the community pharmacist in merchandising, advertising, sales promotion, store management and the other essentials of profitable business procedure. Drug store sales volume in 1964 was \$9¼ billions. It may reach \$10 billions this year. We want it to grow. We will not recommend that a present be made to our non-drug competitors of any part of this business.

NARD Policy Explained

Finally, we come to the matter of association policy. In order to be an active member of the N.A.R.D., one must *own* a drug store. The requirement is no accident. It was installed as a membership qualification at the inception of our association and it has had the effect of keeping the interest of N.A.R.D. directly and continuously aligned with that of community pharmacists since the N.A.R.D. was organized just 67 years ago. Inescapably, of course, the N.A.R.D. officers and our Executive Committee are all pharmacists and owners of retail drug stores. Because of our community of interest, it should not be surprising, then, that the policies, positions and program activities of the N.A.R.D. are,

as they have been and will continue to be, directly attuned to the needs of independent pharmacy and of retail pharmacists. I might point out that any pharmacist employed by our active members can qualify for associate membership.

The owner of a pharmacy faces problems unique to him and, therefore, often vastly different from those confronting the institutional pharmacist. By protecting the interests of the independent retail pharmacist, we believe we are protecting the fundamental interests of our profession. Pharmacists who have built businesses do more than serve their customers and their communities; they provide the training ground for newcomers in the field of pharmacy. They are the closest modern approximation of the preceptors of old who passed on the science and art of pharmacy from generation to generation.

The profession of pharmacy is most useful to humanity when it is most local in application. The corner drug store is more than a real estate phrase or just another business: it is a practical demonstration of the relationship which has always in the past, and should always in the future, guarantee ready availability of health services to people wherever they live—in the biggest cities and in the smallest hamlets.

Conclusions

Our field is fortunate in having fine and valuable organizations among which are the American Pharmaceutical Association, the Pharmaceutical Manufacturers Association, the associations of drug wholesalers and—modestly putting my own last in this brief listing—the National Association of Retail Druggists. Certainly, we all share the common objective of improving the effectiveness and the value of pharmacy. Each of us may choose to follow a somewhat different course in the attainment of the common objective, but each in his own way has a significant contribution to make in the furtherance of the profes-

sion. There are, in fact, more interests, programs and activities that bind us together than those which tend to divide us. Let us not forget this—for a single minute.

Rivalry is health, whether between individuals, institutions, establishments or organizations—or even governments—and is good because enlightened rivalry stimulates us in the pursuit of excellence and thereby produces more useful service to others and accomplishes the high purpose of our profession.

Each makes his own judgment as to the best course to follow, and, having made his decision, he will pursue his course with energy, industry and single-minded dedication. No one can ask more of either an individual or an organization. As we follow our individual courses, however, there will be those who mistake differences in viewpoint as differences in overall objective. That such erroneous interpretations will be made is inescapable; it is nonetheless regrettable.

Pharmacy has not attained eminence because its practitioners were, or are, always in full agreement. Almost without exception every discovery in our field—and in every other field, if you please—has had to overcome a prevailing contrary view long held and cherished by others. The knowledge which makes up our body of science and art represents progress painstakingly made in the face of widely different and divergent views. This is not only the nature of progress of pharmacy; it is also that of all the sciences—indeed also of democracy itself. We have good reason, all of us, to hope that the day never comes when conformity is imposed by the few on the many who inhabit the planet Earth.

Unless people have freedom to disagree, they have no freedom. And where there is no freedom there will be no progress.

In this period in the history of the world—this fantastic era of amazing progress and change—pharmacy is

changing, too. So is that portion of pharmacy represented by the community pharmacy. The nature of the changes become visible slowly or fast, as the case may be. Population in terms of numbers as well as of geographical concentration is increasing at a rate which inspires fears in many—and in the eyes of others creates opportunities waiting to be embraced and exploited. The role of government is being enlarged dramatically. Anyone who would undertake to forecast the kind of society we, or our successors, will be living in as the night of the 20th century ends and the dawn of the 21st century breaks over the horizon of time, is either an incurable optimist or a confident practitioner of the ancient art of divination.

As our social structures are constantly adapted to new demands from, and needs of more people and to new international stresses and strains, the many professions on which humanity depends for survival—pharmacy included—must also be adapted to the developing reali-

ties which will come to exist. The challenge to humanity is the external challenge of environment. We must accommodate ourselves to change—professional, social, political, economic, cultural.

There are countless ways in which our profession can be strengthened. There are, perhaps, at least as many ways which could well operate to our professional disadvantage. Control is no synonym for cooperation. Central authority, however enlightened, is no satisfactory substitute for voluntary personal involvement in pharmacy and for devotion to the profession. If we intend to continue to move forward—as, of course, we do—we must move forward *together* because we need the total talent and strength. This and this alone is the sure way to continued progress for our profession and for its 120,000 practitioners today as well as the untold numbers who will wear the professional mantle of pharmacy in the years to come.

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Pharmacy Organizations News

A.Ph.A.—M.P.A.

Student Chapter News

There was a Business and Special Meeting of the Student Chapter on Tuesday, October 12, at the School of Pharmacy.

Among the items discussed at the Business Meeting were the new course which will be offered, entitled "Comparative Pharmacognosy," and the announcement of the speaker for the November meeting, who will be Major Leroy D. Werley, Chief Pharmaceutical Consultant to the USAF Surgeon General's Office.

The Special Meeting consisted of the showing of slides entitled "The Pharmacist as a Health Educator" which were produced by the American Pharmaceutical Association with a grant from E. R. Squibb & Sons.

These slides, which were given their world premier last July at the International Conference on Health and Health Education in Madrid, Spain, traced the history of health education programs and showed the scope of the community pharmacy as a health center.

Because of various surveys and interest shown by the public, the pharmacy has been established as a public health center. Also, a continuous service is provided to pharmacists to keep them acquainted with newer and better health ideas.

It is clear that interest is also beginning to build in foreign countries.

Prince Georges-Montgomery County Pharmaceutical Association

The Prince Georges - Montgomery County Pharmaceutical Association held their 11th Annual Scholarship Dinner Dance on Thursday, October 28, at the Indian Spring Country Club.

A highlight was the awarding of prizes in the golf tournament which was held the same day. Proceeds from the affair are used to sponsor scholarships at schools of pharmacy in the area. Paul R. Bergeron was Chairman of the Dinner-Dance Committee.

—O—

Virginia Packett was elected President of the Ladies' Auxiliary for the coming year and Rolly Mulitz and Mollie Brenner are Vice President and Secretary-Treasurer, respectively.

Eastern Shore Pharmaceutical Society Meets

At the Fall Meeting of the Eastern Shore Pharmaceutical Society on October 17, 1965, which was held at the Miles River Yacht Club in St. Michaels, Joseph Kaufman spoke on the Drug Abuse Control Amendments, and his text is reproduced below.

Nathan I. Gruz, Executive Secretary of M.P.A., attended this important meeting.

Herman J. Bloom, President of T.A.M.P.A., spoke of the 1966 M.P.A. Convention which will be held at Tami-ment in the Poconos, and showed a color sound film of this beautiful site.

Products

HYNISON, WESTCOTT & DUNNING, INC. has announced the availability of Thantis, a new throat lozenge. This will be packaged in an attractive, new Dispenser-Pak, containing a roll of 25 individual foil-wrapped lozenges.

Designed for compact storage, the new package provides aseptic dispensing of one or more lozenge for convenient carrying in pocket or handbag.

THE UPJOHN CO. has announced a new antibiotic which is now ready for pharmacological studies in humans. As a result of chemical maneuvering, the company scientists were able to pack four times more potency into the *Lincocin* molecule. The basic formula consists of shaving one of the four hydroxyl (OH) groups from the drug's structure and replacing it with a chlorine atom.

After much searching and disappointment, the Upjohn chemists were able to take on this problem of chlorination through a direct approach, with good results, and the knowledge that it can be applied to many relatives of *Lincocin*.

1967 A.Ph.A. Annual Meeting Set

The week of April 9-14, 1967, will find the A.Ph.A. meeting in Las Vegas, Nevada. This is a change from the original dates of April 30-May 5 of that year.

Meetings will be held at the Las Vegas Convention Center and official hotels include the Dunes, Flamingo, Riviera, Sands, and Stardust

A committee on local arrangements is expected to be named in the Spring, following the Dallas meetings, April 24-29, 1966.

STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION

(Act of October 23, 1963; Section 4369, Title 39, United States Code)

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Maryland Pharmaceutical Association 650 W. Lombard Street, Baltimore, Maryland 21201, (Non-Profit Corporation)
8. Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities : None
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D. Free Distribution by Mail, Carrier or by Other Means.	150	125
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*Average No. Copies Each Issue During Preceding 12 Months.

†Single Issue Nearest to Filing Date

I certify that the statements made by me above are correct and complete.

NATHAN I. GRUZ

Obituaries

HERMAN F. HANSEN, 74

Herman F. Hansen, a pharmacist in Baltimore City until his retirement four years ago, died October 22 at his Catonsville home.

Mr. Hansen graduated from the University of Maryland School of Pharmacy in 1912, after which he was employed by Charles A. Wolf and Son, Broadway and Bank Street. He was with the late Mr. Bank for twenty years.

For 21 years, until his retirement four years ago, Mr. Hansen was Assistant Manager of the Medical Arts Pharmacy.

An Active Member of both M.P.A. and the Baltimore Metropolitan Pharmaceutical Association, as well as the Wedgewood Club and the Maryland Academy of Sciences, he is survived by his wife, Elsie; a daughter, Mrs. Dorothy L. Giles; two sons, Elmer F. and Robert W.; and a brother, Harry F. Hansen.

CHARLES W. MOYERS, 75

Charles W. Moyers, a retired pharmacist, died November 15 at his Frederick Avenue home, following a heart attack.

Mr. Moyers was a native of Parkersburg, West Virginia, but came to Baltimore many years ago in order to obtain his pharmacy degree from the University of Maryland. He had operated a pharmacy at the intersection of Beechfield and Frederick Avenues for 45 years until his retirement four years ago.

A widower, Mr. Moyers is survived by a niece, Mrs. Laura Vinton, of Baltimore.

ROBERT R. PIERCE, 75

A native of Cumberland, Maryland, and a graduate of the University of Maryland School of Pharmacy, Class of 1912, Mr. Pierce owned and operated a pharmacy in Morgantown, W. Va., until his retirement.

He is survived by a wife and two children as well as a brother.

ROY M. BIRELY, 78

Roy M. Birely, who owned and operated what is now the Blackstone Pharmacy at St. Paul and 33rd Streets between 1927 and 1946, died on November 3 at the Fort Lauderdale home of his son, Dr. B. Robert Birely.

Mr. Birely received his Phar. D. Degree from the University of Maryland School of Pharmacy in 1916, and was the proprietor of a pharmacy at Edmondson and Fulton Avenues for six years before opening the 33rd St. store.

He was active as a member in M.P.A. and well-known in local pharmaceutical circles.

DR. EDGAR B. STARKEY, 67

Edgar B. Starkey, a Ph.D. in chemistry from the University of Maryland and a member of the School of Pharmacy faculty for twenty years, died on October 15 at his Parklawn Avenue home.

He had been the chief chemist for the Noxzema Chemical Company until his retirement three years ago.

Dr. Starkey's tenure at the University of Maryland School of Pharmacy was gained in the Department of Organic Chemistry, in which he was Professor until the late 1940's.

Surviving are his wife, the former Mary Burke, who is the Assistant Director of Admissions for the University of Maryland professional schools; two sons, Elmer B. and James S.; two brothers; a sister and four grand children.

DR. MILTON LEVIN, 55

Dr. Milton A. Levin, a surgeon who was graduated from the University of Maryland School of Pharmacy in 1930, died here November 16.

Dr. Levin, who also was a graduate of the University's School of Medicine, leaves his wife, the former Jeanette Cooper, two sons, three sisters, and two grandchildren.

FRANK M. BUDACZ, 66

Frank M. Budacz who, with his wife, operated a pharmacy at O'Donnell Street and East Avenue until 1941, died at his home, 1202 Argonne Drive, on November 7.

Mr. Budacz was a native Baltimorean, a graduate of St. Johns College in Annapolis, and the recipient of a degree from the University of Maryland School of Pharmacy.

He was an Associate Member of the Maryland Pharmaceutical Association.

Frank Budacz is survived by his wife (the former Bertha M. Cermak, also a pharmacist); his mother, Marie Budacz; and a daughter, Mrs. Elaine Vogel. He leaves three sisters, three brothers and two grandsons.

DR. CLYDE LISK, SR., 76

D. Clyde Lisk, Sr., a 1909 graduate of the University of Maryland School of Pharmacy, died in his native Charlotte, North Carolina, earlier this Fall.

He established a pharmacy in Charlotte in 1912 which he operated with his son Clyde, Jr., until his death. They had filled over a million and a half prescriptions.

DR. ERNEST C. LEHNERT, 86

Dr. Ernest C. Lehnert, a physician since his graduation from the University of Maryland School of Medicine in 1902, died suddenly on October 25.

Dr. Lehnert was one of the last surviving graduates of the old Maryland College of pharmacy (Class of 1898), which later merged with the University of Maryland.

He was a widower.

DR. ELLIOTT QUINN GARNER, 84

Elliott Q. Garner, for many years the chief pharmacist at Washington Sanitarium in Takoma Park, Md., until his recent retirement, died there July 30.

Dr. Garner was registered in D.C. and received reciprocal registration by Maryland in 1942.

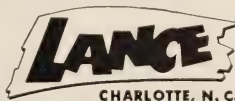
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Trygstad is New N.P.C. Head

Vernon O. Trygstad has assumed the office of Executive Vice President of the National Pharmaceutical Council.

Mr. Trygstad received his B.S. degree in Pharmacy from the North Dakota State University College of Pharmacy in 1936, following which he held positions with community pharmacies in Minot, North Dakota, and Montgomery, West Virginia. He left Montgomery to serve as an agent for the U.S. Narcotic Bureau and then was in the U.S. Navy during World War II.

Mr. Trygstad has been employed in the U.S. Veterans Administration since 1946 and was appointed to the position of Director of Pharmacy Service of the V.A. in 1954, a position he held until

October 1, when he assumed his new duties with the National Pharmaceutical Council.

While in Washington, Mr. Trygstad worked toward and acquired a Master of Science degree in Public Administration from the George Washington University.

Dr. Newell Stewart, Trygstad's predecessor, will continue to be associated with the National Pharmaceutical Council as an advisor and consultant, with specific emphasis on boards and colleges of pharmacy and pharmaceutical associations. He will work out of the Council's new Washington office (1030 Fifteenth St., Suite 468, N.W., Washington, D.C., 20005), until the end of the year after which he will locate in Phoenix, Arizona.

Thursday, January 13, 1966

Baltimore Metropolitan Pharmaceutical Association

Installation Dinner Meeting

SCHLEIDER'S EMERALD GARDENS

Cocktails, Hors d'Oeuvres 6:30

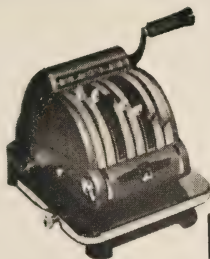
Dinner 7:30 P.M.

1966 Dues Paid Active and Affiliate B.M.P.A. Members are eligible for TWO complimentary tickets. Tickets for Associate Members and Guests \$6.00 each.

GUEST SPEAKER—Dr. William S. Apple
Executive Director
American Pharmaceutical Association

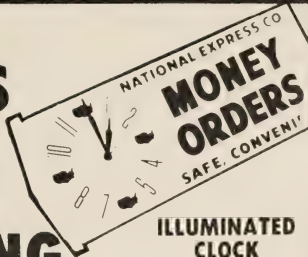
TITLE OF ADDRESS: "We have met the enemy and they are . . ."

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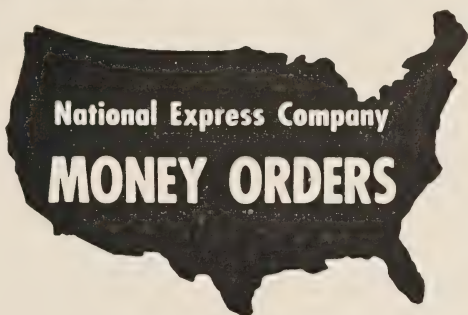


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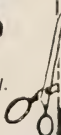
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So what's the deal?

Buy a Display-Pak of twelve NEOLOID 4 fl. oz. bottles for \$5.06—the usual cost for 11 bottles. At the list price of 77¢, you'd receive \$9.24,

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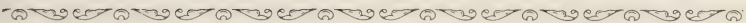


THE CLASS OF 1925

University of Maryland, School of Pharmacy

40th REUNION

(See Page 314)



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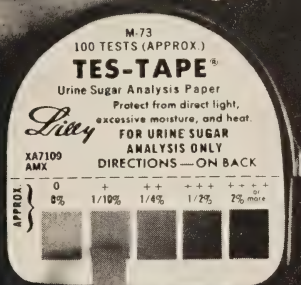


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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLI

DECEMBER 1965

No. 3

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PATRONIZE OUR ADVERTISERS

The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price \$5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 8, 1879

Editorial

NO QUICK SOLUTIONS

Those of us who have been laboring for a number of years in behalf of the profession of pharmacy know there are no quick solution, no easy paths, no miraculous panaceas, to the problems of pharmacy. Those who have consistently devoted themselves to advancing the interests of pharmacy as a profession whose essence is *pharmaceutical services* to the sick, have long realized that progress requires an understanding of the complex factors influencing every facet of our society and the rejection of narrow self-interest.

For the profession of pharmacy, progress will be the result of continuous efforts along several lines, among them:

1. *Organized group efforts of pharmaceutical associations* in the areas of public education, public relations, professional relations, governmental representation, and legislation.
2. *Individual efforts and conduct:* pharmacists in their relations with and their effect upon their lay patrons, governmental officials and other health professionals influence the fate of pharmacy. Not only the kind of professional behavior the pharmacist exhibits, but the appearance of his pharmacy, both inside and outside, affects the chances for obtaining the goals sought individually and collectively.

Obviously, any one of the factors listed above cannot alone achieve the progress or the solutions that are sought. We must pursue our goals down all these paths simultaneously and persistently. As the General Assembly of Maryland is in session during the first quarter of the year, we are bound to consider legislative approaches to our problems at this time.

The Executive Committee of the Maryland Pharmaceutical Association has approved the reintroduction of most of the 1965 M.P.A. legislative program, plus a proposal to curtail the advertising of professional services by pharmacists.

The 1966 legislative program includes:

1. A definition of the "practice of pharmacy";
2. A definition of "a pharmacy";
3. Investing the Maryland Board of Pharmacy with the ability to make rules and regulations in accordance with law;
4. A prohibition of advertising of professional services except as specified.

With health services in this country developing along new patterns, pharmacy is facing unprecedented challenges to its professional and economic life. All kinds of governmental, group and mercantile enterprises are eroding the opportunities for the practice of a pharmacy as a free, independent profession.

Pharmacy in Maryland urgently requires the enactment of this basic, modest legislative program in order to begin to meet both outgoing and emerging problems.

Unless we define the "practice of pharmacy" and what "a pharmacy" is at this time, we face the possibility of many new kinds of practices and establishments proliferating which are not in the best interests of the profession or the public.

Unless we grant the profession's own licensing and regulatory body the ability to make rules and regulations, the profession will not be able to meet new situations promptly and appropriately. Pharmacy cannot hope to exist as a free, independent profession if it is necessary to run to Annapolis every year seeking legislation every time a new, unforeseen, undesirable development of a major or minor nature occurs.

The Board of Pharmacy is appointed by the Governor from nominees of the M.P.A.—the State professional pharmaceutical association. The Board consists of thoroughly experienced pharmacists with a sincere commitment to the welfare of the profession and public equal to that of any other pharmacists. In order for the Board to be in a position to meet the complex situations of today it must be able to promulgate regulations.

All rules and regulations proposed by any State Board require prior approval by the Attorney-General and must be brought before a public hearing after advance notice. A strict administrative procedure prevents adoption of arbitrary rules and protects the interests of both profession and public from unreasonable regulations.

An informed and far-sighted membership will acknowledge the compelling reasons for seeking passage of this essential legislation as a basic first step for professional progress—and *survival!*

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President's Message

Dear Fellow Members:

In the age in which we live we surely can see the influence that organized groups have on every facet of life in this country. That is why it is so important to awaken every pharmacist and every one allied with the drug industry to the necessity of developing a state-wide pharmaceutical association to its maximum possible strength.

The MPA Membership Committee under Vice-President Milton A. Friedman is planning an all-out campaign in 1966 to bring to every pharmacist this important message:

1. Pharmacy can only make progress through exerting strength of numbers. Numerical and financial backing will permit our pharmaceutical association to represent the profession even more effectively before legislators, government officials, medical administrators and other health professions.
2. Virtually all advancement for pharmacy in Maryland has been a result of the organized efforts of the Maryland Pharmaceutical Association.
3. The first professional responsibility of every pharmacist is two-fold. This is to join his state professional pharmaceutical association and to do everything possible to get his pharmacist colleagues and friends to join also.

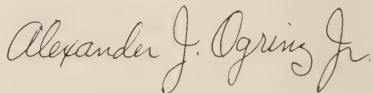
Over the years the M.P.A., through the work of dedicated leaders and the support of devoted members, has achieved a steady increase in professional recognition for pharmacists. Representation has been obtained on the State Board of Health, the State Council on Medical Care, State Advisory Council on Hospital Licensing and other government agencies. The M.P.A. is being called upon more and more often to participate with the medical profession in many projects of mutual interest.

An outstanding example of the fruits of the well organized efforts of your Association are the joint meetings with representatives of medicine, dentistry, nursing homes and hospitals on the budget for the State Medical Care Program. A united front was presented to Governor Tawes and his staff, which reflected favorably on the position of pharmacy. Joint meetings also have been held with our legislators in Congress on national legislation.

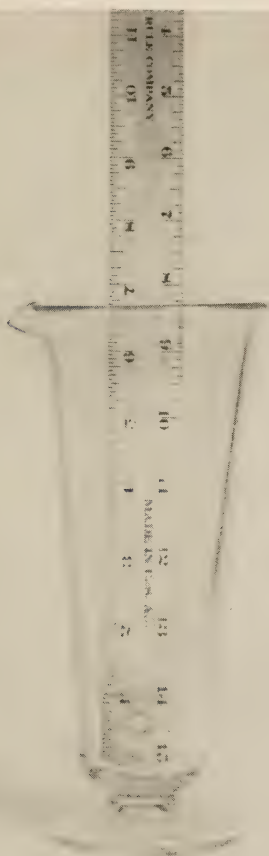
Your fellow pharmacists who serve as officers, chairmen and committee members give freely and willingly of their time and energies in behalf of pharmacy. Together with the M.P.A. staff—Secretary Gruz and Legal Counsel Joseph Kaufman—a great deal has been accomplished.

At this time, therefore, I appeal to everyone in pharmacy to support the M.P.A. and its programs. They are designed only to advance pharmacy and public health. If you have any questions regarding the M.P.A. activities or any problem in pharmacy, feel free to call on me or the Secretary. Every effort will be made to assist you.

Sincerely,



President



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can
measure
Loewy
Service
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Secretary's Script...

A Message from the Executive Secretary

Poison Prevention Week

March 20-26, 1966

Poison Prevention Week is an annual opportunity for pharmacists to emphasize to the public the role of pharmacy as a profession concerned with public health. The Association will provide pharmacies with window streamers and fliers.

Television, radio and newspaper messages have been arranged to inform the public of the necessity for taking precautions in the handling and storing of drugs.

Pharmacists may further their identification with drug safety by means of professional window displays and bag stuffers. The A.Ph.A. Public Relations Kit offers many materials to assist the pharmacist in this project. The MPA has speakers available to address civic groups on drug safety in the home. Contact Public Relations Chairman Charles Spigelmire or the Association office.

—O—

BMPA Golden Anniversary Banquet

Sunday, March 20, 1966

The Baltimore Metropolitan Pharmaceutical Association will present its Golden Anniversary Banquet at the Emerald Gardens on Sunday, March 20, with a truly gala affair. Chairman Ferd Wirth and his committee have arranged an outstanding evening of entertainment and pleasure. The ticket of admission features a deluxe dinner, preceded by a cocktail hour, entertainment

and dancing. All services and refreshments throughout the evening are included. In addition, Active Members for 1966 will receive a "Plunder Box".

The BMPA Golden Anniversary Banquet provides funds necessary for the public information and other projects of the group. It deserves the full support of all pharmacists, the allied drug industry and others whose products and services are made available through pharmacies.

—O—

Complete 'Vacation— Convention' Package

June 27-30, 1966

The 1966 MPA Convention Chairman, Morris R. Yaffe, announces that now is the time to decide to take advantage of the most fabulous convention ever arranged for Maryland's pharmacists, TAMPA, LAMPA and friends. The site is Taminment-in-the-Poconos, which provides recreational, entertainment, athletic and cultural facilities for persons of every age and taste. Situated on a beautiful lake, Tamiment offers boating at no extra charge and free counselors for children. Chairman Yaffe has arranged for entertainment every evening. So mark your calendar now for a perfect vacation to the MPA 84th Annual Convention.

Nathan S. Gruy

Executive Secretary

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"The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of "The Maryland Pharmacist" and all mail, kindly notify the office when you plan to move and state the effective date.

Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland

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Class of 1925 Reunion

The Belvedere Hotel was the scene of a lively 40-year Reunion of the Class of 1925 of the University of Maryland School of Pharmacy, on December 12.

Mathias Palmer, President of the class and now a partner in McComas & Palmer Pharmacy, was an efficient and amusing Master of Ceremonies.

Speakers included Dr. John C. Krantz, Jr., retired Professor and Head of the Department of Pharmacology of the School of Medicine, who was presented with a gift, and Dr. B. Olive Cole, America's "first lady of pharmacy", who also received a token of the class's appreciation.

Dr. Noel E. Foss, present Dean of the School, was a guest and the recipient of a similar token. Dr. Foss spoke to the group about the phenomenal growth of the Baltimore Campus and the wonderful things he sees in the future for the profession of Pharmacy and the School.

There was much reminiscing, of course, about what it was like to work as a pharmacist during the '20's and '30's, and about the almost incredible strides which have been made in the chemical and manufacturing ends of the profession; it was even pointed out that some of the members present owe their very lives to some of the recent drug discoveries. *Every member of the class contributed at least a few words to the log.*

Those present will remember especially the humorous remarks of Drs. Alessi, Shulman and Snyder, and of pharmacists McComas, Kling, Kramer, Levinson and Serpick. Messrs. Raichlen and Small added warm accounts of their families and Mr. Kroopnick recited some of his own poetry. There was even the piccolo playing of Mr. Cooper. Notable as well was the glamour of the ladies and the popping of Herman Bloom's flashbulbs.

Reluctant to leave and determined to meet again soon, assembled members of the Class of 1925, University of

Maryland School of Pharmacy, resolved to keep alive the spirit of reunions; it is good for classmates and wonderful for pharmacy.

Herman Kling served as reporter for the reunion.

R.R.

CLASS OF 1925

Dr. Silvio A. Alessi
Nathan N. Cooper
Israel Freed
Herman M. Kling
Samuel E. Kramer
Marion Palmer
Mathias Palmer
Dr. Ernest Levi
James Ross McComas, Jr.
Samuel I. Raichlen
Isadore Smulovitz
Dr. Nathan Snyder
Henry Levenson
Jacob Serpick
Dr. Emanule V. Shulmin
Paul Snyder
Godfrey D. Kroopnick

Guests:

Dr. John C. Krantz, Jr. and wife
Dr. B. Olive Cole
Dr. Noel E. Foss and wife
Herman Bloom and wife

—o—



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**One Flavor sells the others —
When they're from Sealtest**



Tell them you saw it in "The Maryland Pharmacist"

The Facts About Counterfeit Drugs

by

GEORGE W. THOMPSON, JR.

Chief of Consumer Protection, Smith, Kline and French Laboratories

I'm here to talk about counterfeits. Not counterfeit money—the Secret Service takes care of that—but counterfeit drugs.

I'm sure you've got some questions in your mind about counterfeit drugs. Are they really a problem? Who makes them, and why? How are they distributed? How can you spot them? How dangerous are they?

I'll try to answer these questions, and possibly some others on the way.

First, some definitions: Counterfeit drugs are drugs made by unscrupulous people—I won't dignify these people by calling them manufacturers—with the deliberate intent of deceiving the pharmacist and his patrons. Counterfeit drugs are made to look as much like the authentic product as possible.

Counterfeit drugs shouldn't be confused with imitations—drugs made to look approximately like well known trade marked products, but usually without fake monograms and other copies of a manufacturer's special identifying marks.

How Big is the Problem?

How much of a problem are the counterfeit drugs? To answer that question, I'd like to give you a statement by George P. Larrick, United States Commissioner of Food and Drugs. Mr. Larrick is the government's top man in the drug field. He described the drug counterfeiting situation as: "potentially explosive. Unless constant vigilance is maintained (drug counterfeiting) could get out of hand to the detriment of public health and welfare."

Recent experience in New York also demonstrates the scope of the problem. During 1963—the last year for which we have complete records—State Board of Pharmacy Inspectors in New York

picked up 131 different samples of spurious drugs. They included such leading medications as SKF's "Dexamyl" *Spansule* capsules, Robins' "Donnatal", Abbott's "Nembutal", Squibb's "Raudixin", SKF's "Dexedrine" *Spansule* capsules and CIBA's "Serpasil".

Unquestionably, the number of counterfeit drugs is small compared to the vast number of legitimate drugs manufactured, prescribed and dispensed every day in the United States. But counterfeit drugs are an ever-present threat and, from all indications, a growing threat. Robert F. Kennedy, the Junior Senator from New York, has this to say: "Counterfeiting of new and potent drugs is on the increase. If permitted to go on unchecked, it could lead to chaos in the marketing of new drugs and will inevitably result in a public health hazard."

Motivation of Counterfeiters

What motivates the drug counterfeiter? Why does he engage in his nefarious trade?

Very simply, he's an unscrupulous crook out to make a fast buck at the expense of the pharmacist and the public. He picks a well-known, high volume, trademarked item, makes an inferior, cheap copy and sells it to the unsuspecting pharmacist or wholesaler. He's part of the same movement that has produced a rash of counterfeits and imitations of well-known items *outside the drug field*. Notable examples include fake Bulova watches, fake Arrow shirts, bogus auto parts, copies of expensive perfumes such as 'Arpege' and 'My Sin' and even 'Vitalis', the well known hair dressing.

A few years ago, counterfeiting of drugs was the work of criminals who

were essentially amateurs—shady operators who were on the fringe of legality. Today, we are confronted with a much more dangerous situation. The modern counterfeiter is a skillful criminal with capital at his command. He may, for instance, buy his raw materials in Europe.

How Bad are Counterfeits?

Many pharmacists have asked just how bad the counterfeits are. The most charitable thing I can say is that their quality is variable and that they are often frankly adulterated. It's not unusual to find counterfeit drugs which are 50 percent of the strength claimed on the label. "Quality control" are two words that counterfeiters never heard of. "Manufacturing" is done in garages, in machine shops, in rented warehouses—wherever a tableting or capsule-filling machine can be set up in a hurry and moved rapidly to avoid detection. One particularly ingenious operator set up shop in some one else's factory by going in after the regular business day and using the equipment at night.

Obviously, these fast buck operators have little concern for the therapeutic value of their products. *They worry about the appearance because that may determine the salability of the merchandise.* But, since they are riding on another man's reputation, they couldn't care less about pharmaceutical composition and the possible effect on the patient who takes their product. Looking at a photograph of a counterfeit factory taken some years ago, one can note the unsanitary conditions, the actual filth. I don't see how one could expect to make *bicycles* in such plants, let alone prescription drugs.

Tests of Drug Composition

One can demonstrate the quality control problem. Taking two apparently identical tablets, one of which is a counterfeit and the other a genuine SKF tablet, one can see that 'Dexedrine' tablets are, for example fireproof. If

however, I ignite the counterfeit tablet, it melts and burns, resulting in a sticky residue. I think you'll agree that such a dramatic difference in characteristics must be the result of an equally dramatic difference in pharmaceutical composition.

If the counterfeit melts and burns, and the genuine product does not, who can say what important therapeutic differences there may be?

There is another method of demonstrating the difference. In a graph designed to show the *in vitro* release pattern of a genuine, two-ingredient SKF 'Spansule' capsule, the two ingredients release at the same rate, and the curve is smooth over the seven hour test period.

One line in the graph represents one ingredient in the counterfeit version of the SKF 'Dexamyl' Spansule capsule. At the end of a half hour, 85% of this ingredient is released and, at the end of three hours, the total amount is released. The other ingredient—represented by another line, is 40 percent released at one-half hour, but, at the end of seven, *only half released*. These data were obtained using a standard test apparatus.

With the genuine SKF 'Spansule' capsule the two ingredients released together over a prolonged period of time. With the fake copy, the two ingredients were released at widely divergent rates. One ingredient was gone in three hours and the other failed to release at the end of seven.

Threat Posed to Patients

Frequently, these counterfeit products can offer a very real danger to sick people. For instance, badly understrength 'Premarin' was offered for sale some years ago—a very dangerous situation. Counterfeits of 'Orinase', the oral antidiabetic, have been discovered in Canada.

To a very large extent the same problem exists with imitations or "look-alikes". As I indicated above, these are products made to look like well-known

trademarked items, but without the manufacturer's special identifying marks, such as a monogram.

Imitations and "look alikes" are an increasing threat. These products are a more subtle form of fakery than outright counterfeiting, but they are no less pernicious. Let me explain why they are so evil. We know that many of them are grossly understrength. A physician prescribes a drug for his patient. Instead of dispensing the trademarked item the physician prescribed, the occasional dishonest pharmacist dispenses an understrength "look alike". The substitute drug is ineffective, the patient fails to recover, and the physician decides, quite wrongly, that the product he prescribed is no good. There's enough variability in patient reactions to a drug's effect without adding the problem of understrength, adulterated, or differently formulated drugs to bedevil the doctor.

The Problem of Recognition

Granted that counterfeits are dangerous, how does the pharmacist recognize these bogus drugs? The answer to this problem is very simple. There is *no way* that the pharmacist can distinguish between the expert counterfeit and the authentic product. In an enlarged photograph of counterfeit 'Dexedrine' *Spancule* capsules, the capsules look the same, the label is identical, the bottle caps are identical, and the bogus medicine even had a prescribing circular as required by Federal law. The circular was as bogus as the rest.

It's interesting to note that the modern counterfeiter of drugs is helped by many of the new photo offset printing techniques that also help the counterfeiter of money. That's why the people who copied the 'Dexedrine' *Spancule* capsule to which I referred were able to duplicate so precisely labels and prescribing folders. They even used an authentic SKF lot number.

Before the counterfeiter can make money with his bogus drugs he must,

obviously, sell them to someone. To do this, he hawks his products to the unsuspecting pharmacist or wholesaler. He does so by calling his wares "distress merchandise" or "special deal" products.

How Are Counterfeits Sold?

Let's look at these claims in somewhat more detail. In order to protect the public who must have confidence in the medications it buys, and in order to protect pharmacists who must be certain about the quality of the drugs they dispense, leading drug manufacturers go to considerable lengths to be certain that all products bearing their names are, in fact, what they are purported to be. To this end, *products which have been involved in any distress or disaster situation never are knowingly permitted to remain on the market*. For instance, when a natural disaster occurs, such as the earthquake in Alaska last year, leading drug manufacturers—by definition, the ones whose drugs are counterfeited—replenish lost or damaged, uninsured stock.

The same holds true for distress merchandise. Suppose, for example, a pharmacist in Northeast Philadelphia declares himself bankrupt. He—or his creditors—would be able to return unused supplies of prescription drugs and receive what had been paid for them.

In both cases, drug manufacturers ultimately pick up the tab, and do it willingly. Needless to say, the costs involved in programs of this sort are great, but SKF and the other manufacturers are glad to absorb them in order to protect their good names, to maintain the confidence of doctors in their products, and to protect the public health.

Steps Toward Solving the Problem

Government agencies and voluntary associations such as the National Pharmaceutical Council are trying to make counterfeiting more difficult by tightening the various state laws and regulations. The National Pharmaceutical

facts about counterfeit drugs

counterfeits are a threat

"... the problem is an explosive one and unless constant vigilance is maintained . . . could get out of hand to the detriment of public health and welfare."

George P. Larrick
U.S. Commissioner of Food and Drugs

"Counterfeiting of new and potent drugs is on the increase. If permitted to go on unchecked, it could lead to chaos in the marketing of new drugs and will inevitably result in a public health hazard."

Robert F. Kennedy
Senator from the State of New York

counterfeits can be stopped

if pharmacists buy only from local suppliers they know to be reputable.

with Kline & French Laboratories, Philadelphia



Council, for instance, has developed a model counterfeiting law which it is hoping that state pharmaceutical associations will urge on legislators. The law provides for fines and imprisonment for convicted counterfeiters and passers. In addition, legislation has been introduced in Congress this year, the Harris Bill, which strengthens Federal anti-counterfeiting laws.

N.P.C. secretary Wilbur E. Powers has an important comment. Says Mr. Powers—who, incidentally, is a former State board secretary—"In the final analysis, stamping out counterfeiting can only be complete and successful if every pharmacist cooperates. The counterfeiter's target is the pharmacist. If the pharmacist is alert and cooperative, law enforcement agencies will be able to handle the problem." William E. Woods, an official of the N.P.C., puts it another way. Says Mr Woods, "In this field of professional sabotage it is not the manufacturer alone who suffers . . . the public peril is present wherever counterfeit drugs are dispensed."

Summary

I'd like to review a few of the points I've made and specify a few actions that pharmacists can take to eliminate the evil of counterfeiting.

Counterfeit drugs are illegal copies of the trademarked products of the leading manufacturers. They are made by men who are both unscrupulous and dishonest. Counterfeits and imitations or "look-alikes" are of dubious quality and often overtly dangerous. The purveyor of drugs who comes to the pharmacy with distress or bargain merchandise may well be a purveyor of counterfeits.

I would urge pharmacists—as professional men—to avoid the dealers in cheap drug products. The *American Professional Pharmacist* recently printed an article written in cooperation with the Food and Drug Administration, listing seven ways that pharmacists can

avoid being duped by the passers of counterfeits. I commend these steps to pharmacists:

1. Buy all drugs from only known sources whose reliability is beyond question.
2. Buy drugs only in original, sealed containers.
3. Avoid buying a small supply of a drug which the seller claims was taken from "the big-sized original bottle."
4. Report at once—to the police—the name of any person who offers to buy empty original manufacturers' containers—particularly of fast-moving and expensive drugs . . . or large sizes such as 500's and 1000's.
5. Beware of any person who offers to sell a drug at an unreasonably low price, claiming it to be a "close-out" or "distress merchandise".
6. Always get invoices from sources supplying you with drugs.
7. Contact the F.D.A. regarding any drug vendor or any drug product which arouses your suspicion.

In addition, I would suggest to any pharmacist encountering a possible counterfeit that he make the "buy" and obtain an invoice, if possible, and a description of the seller. The car license plate number is also helpful. Then the pharmacist should get in touch with the manufacturer concerned. Of course, I can't speak for other prescription drug firms, but SKF has a policy of reimbursing pharmacists for their expenses in cases like this.

In conclusion, I'd like to sum up the best rule for avoiding trouble with counterfeit products. It can be done in one phrase: "know your suppliers and deal only with reputable, local suppliers you know."

—O—

**Smith, Kline and French, Inc.
is now The Drug House.**

Dr. Apple Talks on Education and Manpower Needs of Pharmacy

If pharmacy takes the initiative in developing required standards of continuing professional competence for its practitioners, then it will not have to worry about loss of public confidence or corrective legislative action, said William S Apple, Executive Director of the American Pharmaceutical Association. He was speaking at a recent meeting of the Wisconsin Pharmacy Institute in Madison, at which he was awarded a University of Wisconsin Citation, an extremely high honor.

Dr. Apple asked, "What if the profession imposed the standard that all graduates subsequent to 1965 had to complete four weeks of continuing education in residence annually? A generation from now our profession could boast of the qualifications of a majority of its practitioners. The majority who now are permitting their education to terminate as soon as they are licensed would then be a minority." He continued, "We need to begin immediately a continuing education program that will guarantee the professional competency of future generations of pharmacists."

He also outlined the manpower situation in pharmacy, asking the pointed questions, "Do we have enough pharmacists today; will we have enough five years, ten years, from now?" Dr. Apple talked of experts who analyse such needs, and claims that they are looking at how much of the professions' *capacity is being utilized*—not how many half-time practitioners it has. He pointed out that pharmacy will lose out on funds being made available to educate professionals, or to build new facilities for education because a case cannot be made for doubling the number of people who do not practice

their profession full-time. Nursing homes and hospitals were mentioned as being excellent and needy sources of full-time professional pharmaceutical positions.

—O—

APhA Convention Expects 4000 in Dallas

The week of April 24 to 29 will find professional pharmacists from all over the country and from all types of practice converging on Dallas, Texas, for the 113th Annual Convention of the American Pharmaceutical Association.

Highlighting the meetings will be professional, educational and scientific programs, educational exhibits, award presentations, and a variety of social events, as well as famous-name entertainment.

A.Ph.A. President Grover C. Bowles will address the opening general session on Sunday evening, April 24. Following four days of activity featuring a meeting of the House of Delegates and several outstanding speakers, the annual banquet will convene on Thursday, April 28, when the new officers will be installed.

The A.Ph.A. Academy of General Practice of Pharmacy will hold meetings each morning through Thursday and the Academy of Pharmaceutical Sciences has scheduled a full week of symposia on a wide variety of topics.

The Student Section will have sessions including workshops from Monday through Thursday and the traditional luncheon meetings are planned for the Military Section on Monday and Wednesday, April 25 and 27. Also, the Section on Historical Pharmacy will meet on Monday morning and Tuesday afternoon.

—O—

The following are new members who joined the Maryland Pharmaceutical Association in 1965

- Allen, Charles; *Richmond*
Amass, Arnold L.; *Westminster*
Atlas, Roy; *Washington*
Baughman, Bertram; *Kensington*
Berger, Alan B.; *Silver Spring*
Bergstein, Robert S.; *Clinton*
Boudreau, Edmund D.; *Belvedere*
Brunson, Gerald N.; *Baltimore*
Celozzi, Matthew J.; *Baltimore*
Cooper, Harold L.; *Baltimore*
Davis, Joseph W.; *Hagerstown*
DelCastilho, Ronald E.; *Laurel*
Dembeck, Bernard J., Jr.; *Lutherville*
Deming, Martin E.; *Ferndale*
DiPaula, Vincent R.; *Baltimore*
Drukman, Mrs. Herman B.; *Baltimore*
Endo, Kikuo R.; *Hyattsville*
Ettlin, Harry; *Baltimore*
Feret, Julius W.; *Baltimore*
Freiman, Joseph; *Baltimore*
Freiman, Paul; *Baltimore*
Friedman, Gilbert I.; *Baltimore*
Glick, Harry; *Baltimore*
Gottdiener, Bert J.; *Baltimore*
Greenberg, Harvey; *Baltimore*
Heer, Melvin L.; *Towson*
Hunter, Calvin L.; *Dundalk*
Jackson, William B., Jr.; *Simpsonville*
Johns, Basil P.; *Marion Station*
Leatherman, E. G.; *Baltimore*
Levine, David; *Baltimore*
Lichtman, Albert; *Dundalk*
Lottier, William I., Jr.; *Baltimore*
Lounge, William B.; *Baltimore*
Lyon, G. Taylor; *Havre de Grace*
McDonald, Paul W.; *Ellicott City*
McDougall, Bernard C.; *Sykesville*
McHugh, John R.; *Washington*
Mears, Chase K.; *Baltimore*
Meisz, William S.; *Baltimore*
Miller, Solomon; *Baltimore*
Morgenroth, Hans; *Baltimore*
Pierson, Clarence H.; *Baltimore*
Plank, John M.; *Washington*
Price, Chester L.; *Baltimore*
Sacks, Sylvan L.; *Baltimore*
Sappe, Milton C.; *Baltimore*
Schwartz, John T.; *Towson*
Shelton, Wesley N.; *Baltimore*
Siegel, Paul; *Baltimore*
Suter, Thomas J.; *Whiteford*
Swabon, John J.; *Arnold*
Thiess, Robert E.; *Hagerstown*
Yerman, Max; *Baltimore*
Zerwitz, Warren G.; *Baltimore*

—O—

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SKF Laboratories Acquired by Buck Family

It has been announced that the former Smith, Kline and French Inc. has been acquired by J. Mahlon Buck, Jr., William C. Buck and Alexander Buck, whose father was president of the company until 1963 and was Chairman of the Board until his death in October, 1964. The wholesale company's name will be changed to The Drug House.

Officers are as follows: J. Mahlon Buck, Jr. is Chairman of the Board, William C. Buck is Treasurer and Alexander K. Buck is Secretary. H. C. Van Arsdale will continue as President and Chief Executive officer. Rodney D. Day, Jr., will succeed Mr. Buck Jr. as Vice President in Charge of Operations and officers who have been renamed are Bernard B. Klebanoff, Vice President in Charge of Trade Relations; Howard E. Smith, Vice President in Charge of Purchases; Samuel M. Wanamaker, Vice President in Charge of Credit, and S. Gordon Warner, Vice President and General Manager of the Trenton Division.

The Drug House has its headquarters at 1011 West Butler Street in Philadelphia, and divisions in the Trenton and Wilmington areas.

—O—

Baltimore Veteran Druggists' Association Meeting

The Baltimore Veteran Druggists' Association held a luncheon meeting at the Baltimore Union, 621 West Lombard Street, on November 17, 1965. Highlighting the meeting was celebration of the birthdays of soror Olive Cole and fraters Joseph Cohen and Irving Cohen.

Officers of the Association are Robert O. Wooten, President; Leahmer M. Kantner, Vice-President and Noel E. Foss, Secretary-Treasurer.

—O—

Columbia University, College of Pharmacy Enters Field of Hyperbaric Pharmaceutics

Dr. Spiro P. Loucas, Assistant Professor of Chemistry at the Columbia University College of Pharmacy, has been involved in recent research projects in Hyperbaric Oxygenation at Mt. Sinai Hospital, New York.

Hyperbaric oxygenation denotes the inhalation of an air mixture with an oxygen content greater than normally found at ordinary atmospheric conditions. Hyperbaric therapy is administered in a chamber which allows ambient pressure to be elevated. Research in the million dollar hyperbaric chamber at Mt. Sinai has indicated that these procedures are effective in treating carbon monoxide poisoning, anaerobic infections, gas gangrene and tetanus. Hyperbaric treatment is viewed as a potentially valuable therapeutic procedure in vascular insufficiency, coronary occlusion and cardiac surgery.

The high pressure build-up in the chamber poses certain problems in administering medicinal agents in conventional pharmaceutical dosage forms. As a result of the pressure in the chamber, special procedures had to be devised for withdrawing medication from multiple dose vials. Suitable replacements had to be determined for volatile medicinals and anesthetics, and special precautions were necessary for the various types of sealed containers used in the chamber.

Dean Joseph L. Kanig has announced that the Graduate Division of the College of Pharmacy has prepared a program in Hyperbaric Pharmaceutic Research whereby graduate students may perform some of their research within the hyperbaric facilities at Mt. Sinai Hospital under the direction of Dr. Loucas.

—O—

Maryland Board of Pharmacy

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F. S. BALASSONE, B.S.
Secretary

301 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201

PHARMACY CHANGES

The following are changes in pharmacies which occurred during the month of November:

New

The Apothecary, M. Weinstein & I. Rosenberg, 5415 Cedar Lane, Bethesda, Md.

Peoples Service Drug Stores, Inc., #143, G. B. Burrus, Pres., 15600 Columbia Pike, Burtonsville, Md.

Drug Fair #90, Milton Elsberg, Pres., Clairmont Shopping Center, S. Salisbury Boulevard, Salisbury, Md.

Big Valu Family Pharmacy, James Cooke, Pres., 400 Block Governor Ritchie Hgwy., Glen Burnie, Md.

Read Drug & Chemical Company, Arthur K. Solomon, Pres., 575 Baltimore Pike, Bel Air, Md.

Change Of Ownership, Address, Etc.

Peoples Service Drug Stores, Inc., #104, G. B. Burrus, Pres., 100 Baltimore St., Cumberland, Md. (Formerly located at 74 Baltimore Street, Cumberland, Maryland).

St. Joseph's Hospital Pharmacy, 7620 York Road, Towson, Maryland 21204. (Formerly located at 1400 N. Caroline Street, Baltimore 13, Maryland).

Whittlesey's Drug Store, George E. Baltz, Pres., 7135 Wisconsin Avenue, Bethesda, Maryland 20014. (Formerly

owned by Elizabeth D. Whittlesey, Pres.).

Metro Drug Store #3, Harold M. Goldfeder, Pres., 4707 Marlboro Pike, Coral Hills, Maryland. (Formerly, Coral Hills, Inc., Dominic Felicetti, Pres.).

No Longer Operating As Pharmacies

Modern Pharmacy, Kenneth M. Shockman, 18 S. Market Street, Frederick, Maryland.

Brunswick Pharmacy, Inc., Daniel Goodman, 2701 Wilkens Avenue, Baltimore, Maryland 21223.

Bern Pharmacy, Inc., Bernard I. Cohen, Pres., 2217 N. Fulton Avenue, Baltimore, Maryland 21217.

Tates Cut-Rate, Inc., #58, G. B. Burrus, Pres., 7663 New Hampshire Avenue, Langley Park, Maryland.

Peoples Service Drug Store, Inc., #117, 8503 Piney Branch Road, Silver Spring, Maryland.

The following are changes in pharmacies which occurred during the month of December.

New

Drug Fair #704, Milton L. Elsberg, Pres., Crofton Parkway & Club House Road, Crofton, Maryland.

Super Giant Pharmacy #228, J. B. Danzansky, Pres., 8904 - 62nd Avenue, Berwyn Heights, Maryland.

No Longer Operating As A Pharmacy

Feldman's Pharmacy, Charles W. Feldman, Prop., 1535 W. Lexington Street, Baltimore, Maryland 21223.

Change Of Ownership, Address, Etc.

Windsor Drug Store, Richard A. Butler, 3726 Windsor Mill Road, Baltimore, Maryland 21216. (Formerly, Windsor Drug Store, Inc., Milton Levine, Pres.).

Read Drug & Chemical Company, T/A Thrifty-Wise, 3752 Belvedere Avenue, Baltimore, Maryland 21215. (Formerly, American Drug Centers, James Y. Mobley, Pres.).

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Book Review

REMINGTON'S PHARMACEUTICAL SCIENCES 13th ED. (Formerly Remington's Practice of Pharmacy) Editor-in-Chief, Eric W. Martin, Ph.D., Mack Publishing Co., Easton, Pa. 1,966 pages—\$23.50.

In keeping with the modern trend of increased emphasis on the science and decreased emphasis on the art of pharmacy, the name of this classic text-reference has been changed.

This pharmacy encyclopedia is designed not only as an introduction to pharmacy for students but also has many features which make it indispensable as a reference for the practitioners of pharmacy.

Technicians and those involved in research and similar activities will appreciate the wealth of data, illustrations, and references to literature.

This book is divided into ten parts—Orientation (ethics, etc.), Physical Pharmacy (isotonicity, etc.), Pharmaceutical Manufacturing (parenteral preparations, etc.), Pharmaceutical Chemistry (natural products, etc.), Pharmaceutical Products (topical drugs, etc.), Biological Products (allergenic extracts, etc.), Radiopharmacy (medical applications of, etc.), Testing and Analysis (official, etc.), Professional Practice (services, etc.) and Appendix (Manufacturer's and alphabetical index).

In brief, this new treatise in an excellent publication, worthy of careful reading (if one has the time) and valuable as a ready reference for certain practicing pharmacists (if they are able to lift the book).

Reviewed by B. F. Allen

—O—

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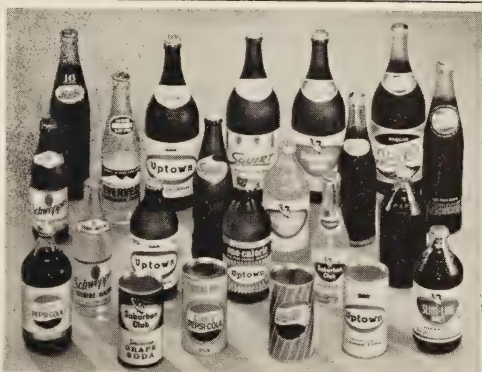
James E. Allen, President of The Henry B. Gilpin Company, announced the appointment of Leonard E. Sogoloff to the position of Manager of the firm's wholesale drug house in Dover, Delaware.

After completing his courses in Business Administration at Boston University, where he received a certificate in management, Mr. Sogoloff was later graduated from the Philadelphia College of Pharmacy. He has also practiced in retail and hospital pharmacies, in addition to eight years experience in wholesale drug administration.



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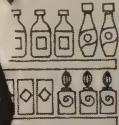
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Volume 24

DECEMBER 1965

No. 2

The Golden Jubilee by Joe Hugg

T.A.M.P.A.'s Golden Jubilee—it was billed as, and it was really—an evening to remember. It has been the custom for many years in T.A.M.P.A. to reserve or to set aside an evening in the Fall which has become known as "Ladies' Night." This year, in celebration of the 50th Anniversary of T.A.M.P.A., "Ladies' Night" was billed as a Golden Jubilee Banquet. The location was Blue Crest North; the date was Thursday, November 11, and the time was 7 o'clock until Midnight.

This has to go down in the records as one of—if not *the*—most memorable nights in T.A.M.P.A.'s history. A record number of pharmacists participated and contributed much to a pleasurable evening. Almost 300 people were in attendance. The evening started off with a cocktail hour from 7 to 8 p.m. followed by a delicious dinner.

Music furnished by the Jay Herman Orchestra encouraged dancing until 10:00, at which time a surprise, five-act variety show was presented. This turned out to be a few acts which were



Courtesy Paramount Photo Service
PRESIDENT BLOOM AT BANQUET

first seen in Atlantic City at the time of the State Convention last June. They were most entertaining and certainly well received by those in attendance.

The show opened with Joe Hugg's interpretation of Robert Goulet singing "Begin to Love"; Howard Dixon performed as Andy Williams, Perry Como and Dean Martin; Al Callahan, Larry Rorapough, Sheeler Read, and Wilson Spiker came on as a barber-shop quartet. Mrs. Howard (Charlotte) Dixon stole everyone's heart as Madame Butterfly and Howard Dixon, Bill Nel-

son, and Frank Watkins wound up the show as "The Tampests." Joe Hugg was Master of Ceremonies.

Music and dancing followed until Midnight. The music was excellent, which was evidenced by a full dance floor for most numbers. Plunder bags were available for every lady in attendance; a souvenir gift was also presented to each lady.

The entire evening was further embellished by the presence of the following honored guests: M.P.A. President Al Ogrinz, B.M.P.A. President Milton Chodnicki, Secretary Nathan Gruz, Alumni President Harold Levin, and Drug Control Chief Frank Balasone. These gentlemen all were accompanied by their wives, who certainly added charm and graciousness to the occasion.

Dean Foss was out of town, but was capably and charmingly represented by Mrs. Foss.

It was certainly an evening to remember and can be summed up by the following expression which was heard frequently as the guests were leaving: "Let's do this again—and real soon."

Today's Trends are Tomorrow's Facts

Does it pay to be aware of present-day trends? If you want to be prepared for tomorrow, it does!

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T.A.M.P.A. ANNUAL CHRISTMAS PARTY

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Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

As a result of the work of the B.M.P.A. Pharmacy Committee, under the chairmanship of Irvin Kamenetz, a letter was developed and mailed to all physicians in the Greater Baltimore area. The letter alerted physicians to the unethical practice of some giant establishments that circulate lists of prices which they will use in dispensing prescriptions.

It was pointed out that some outlets such as department stores, supermarkets, mail-order houses, and closed-door operations use price as bait and prescriptions as a leader in order to sell other items at a high profit.

An example was given of how a neighborhood pharmacist's familiarity with a patron's background prevented a tragedy when two different physicians were prescribing sedatives at one time for the same person.

We stressed that "the community pharmacy is an essential part of the health team of physician and pharmacist which must not be abandoned. When a patient requests a new prescription, he should be sent back to his pharmacy. He will find the pharmacist cooperative, competitive with any impersonal outlet, and will benefit from the added health and safety features and personalized interest which is available only in a neighborhood pharmacy.

"Your community pharmacist is a companion of the physician. He often is asked for and can respond with advice to the physician on the characteristics of different therapeutic agents. Most importantly, he is the professional liaison between the physician and patient and is the final check on the safety of the patient's medication."

This is my final message to you as your president for 1965. It has been a great honor and privilege to serve in this capacity on behalf of the pharmacists of the Metropolitan Baltimore area. Thank you for your interest and continued support.

Sincerely,

MARION R. CHODNICKI
President

Baltimore Pharmacists Elect Officers for 1966

Jerome A. Stiffman, Baltimore pharmacist, was elected President of the Baltimore Metropolitan Pharmaceutical Association for 1966 at the Annual Meeting held December 16, 1965. James C. Davis, F. A. Davis & Sons, was voted as Honorary President. Also elected were Ferdinand F. Wirth, Jr., 1st Vice President; Donald O. Fedder, 2nd Vice President; Joseph H. Morton, 3rd Vice President; Bernard B. Lachman, 4th Vice President; Nathan I. Gruz, Secretary; Melville Strasburger, Secretary Emeritus; Charles E. Spigelmire, Treasurer.

The outgoing President, Marion R. Chodnicki, will serve as Chairman of the Executive Committee. The members of the Executive Committee elected to serve with the officers are Irvin Kamenetz, Max A. Krieger, Nicholas C. Lykos, Joseph L. Okrasinski, Anthony G. Padussis, Jacob L. Richman, Milton Sarubin and Morris R. Wallman.

Dr. Noel E. Foss, Dean of the University of Maryland, School of Pharmacy, and Francis S. Balassone, Secretary, Maryland Board of Pharmacy, were elected as Ex-Officio members.

Officers and committee chairmen presented annual reports of their activities.

—O—

Stiffman wins Trip to Mexico City

Jerome A. Stiffman, President-Elect of the Baltimore Metropolitan Pharmaceutical Association, was the recipient of second prize in a national contest sponsored by the National Association of Retail Druggists in recognition of his Profit Center display. The prize, an all-expense paid seven-day trip to Mexico City, was awarded at the N.A.R.D. convention this Fall.

The winning display consisted of a novel type of gondola with motorized

shelves and a four by eight foot medicine cabinet behind the waiting counter. It merchandised health and beauty aids generally found in the medicine cabinet.

Mr. Stiffman also received an electric clock from the Johnson and Johnson Company.

—O—

ITEMS OF INTEREST

Scherr Selected

Mr. Morton Scherr, proprietor of the Marlyn Pharmacy, Eastern and Marlyn Avenues, has been selected First Vice-President of the Essex-Middle River Chamber of Commerce. Mr. Scherr is a member of both M.P.A. and B.M.P.A.

—O—

Dell Refurbished

E. Dell and Company, long-established pharmacists of Aberdeen, Maryland, now are back home in their regular location, 16 West Bel Air Avenue, with a magnificent new store. It is twice the former size with a beautifully carpeted floor and all new equipment. A grand opening was held and was considered to be an outstanding affair.

—O—

Park Avenue Pharmacy Spruced Up

Harry Glick, who took over the Park Avenue Pharmacy this year has accomplished a remodeling job which deserves much credit. The store, which represented many challenges has been so spruced up and rearranged as to be hardly recognizable. Everything from the floor to the display windows has been improved, to the delight of the Bolton Hill neighbors.

—O—

Intra-Uterine Contraceptive Devices

by

PETER P. LAMY, PH.D.

Assistant Professor of Pharmacy

University of Maryland

School of Pharmacy

The intra-uterine contraceptive device has a long history. It has been known for centuries that a foreign body, placed in the uterus, will prevent pregnancy. In the 1920's, Dr. Graefenberg¹ devised a ring first made of silk-worm gut and later of silver or gold wire. The initial "failure rate" was reported as excellent, being only 1.6% of 600 patients, but there were also reports of pelvic inflammatory disease and other side effects. This caused most gynecologists to condemn the device without further trial, and consequently it was little used in the United States.

Opposition to this method of contraception continued to be powerful. The attitude of many United States physicians at that time can be summed up with a statement by Dr. Guttmacher² that "intra-uterine devices are to be thoroughly condemned because of their ineffectiveness, their potential source for infection and irritation, as well as their carcinogenic potentials". Nevertheless, a few physicians continued to experiment with modifications of Graefenberg's ring. While they continued to encounter problems, they published, almost simultaneously, highly favorable reports in 1959. The first of these reported on the work of Dr. Ishihama³ and was based on personal observation of almost 1000 women and clinical data on more than 18,000 women fitted in 149 hospitals. Dr. Ishihama found pregnancy rates to be only 1.3% to 2.3% and reported no serious side effects.

Dr. Oppenheimer, of the Shaare Zedek Hospital in Jerusalem, had fitted 329 women with silver or silk rings over a period of 28 years and reported a pregnancy rate of 2.5 per 100 woman-

years of exposure, and he, too, considered the method entirely harmless⁴.

These two reports stimulated interest, although some doubts remained. Spurred on by this newly-arisen interest, the Population Council, a foundation for social and biological problems based on population problems, called a two-day meeting on IUCD's in New York City⁵. Reports at this conference seemed to indicate that the devices were effective and that complications were fewer and less serious than had been feared. Reports by Hall and Stone⁶ also concluded that there were no serious side effects of any kind.

What are IUCD's?

In the United States, principally four different kinds are used.

- A. *The Spiral*, developed by Dr. Margulies of Mt. Sinai Hospital, New York, available from Ortho Pharmaceutical Corporation. It is shaped like a loosely wound watch spring and is equipped with a stem or a tail. The coiled part averages about one inch in diameter, the stem is from two to three inches long.
- B. *The Loop*, developed by Dr. Lippes of the University of Buffalo, School of Medicine, available from Hohabe, Inc. It is shaped like two letter "S" forms joined end to end. The loop is about 1½ inches long and two short nylon threads are fastened to one end.
- C. *The Bow*, developed by Dr. Birnberg of the Brooklyn Jewish Hospital, available from Marco & Son, Old Bridge, New Jersey. The bow actually looks like a little bow tie and is of about the same size as the loop. It has no threads, stems, or tail.
- D. *The Ring*, developed by Dr. Hall of the New York Medical College, available from Glaxo-Allenbury's Canada, Ltd. It is a stainless steel wire, in the shape of a circle, not quite as large as a nickel. A plastic

ring, recently developed by Dr. Barnes of Johns Hopkins, is not yet commercially available.

The differences of design are primarily aimed at eliminating side effects, such as expulsion. Silver and gold devices have been discarded since they at times caused inordinate tissue growth and removal of the device was then only possible by surgical means.

The tails, stems or nylon threads attached serve as a means for the patient to ascertain that the device has not been expelled. The bow, lacking any of these attachments, is radiopaque and is checked by x-ray.

Administration: Insertion of most of these devices is relatively easy. They are pushed into an applicator and are thereby forced to assume a linear shape. The tube is guided through the opening of the cervix into the uterus, where the device is then expelled. Insertion of the ring is slightly more difficult in that the cervix must first be dilated.

Post-Administration Care: Generally, a patient is asked to report to the physician one month, three months, six months and 12 months after the original insertion. Following this, the patient is examined at yearly intervals. These examinations will determine whether the device is still in place, and also will involve a pelvic examination and a Pap. smear.

Mode of Action: The foreign-body concept is the basis of most theories developed to explain the contraceptive mechanisms of the IUCD's. While the exact mode of action is still not clear, the explanation seems to lie in one of three possibilities:

- a. They prevent, in some way, the spermatozoa from passing upward through the uterus into the Fallopian tubes.
- b. They cause excessive contraction of uterine muscles, thus possibly acting as abortifacients.
- c. They cause excessive Fallopian peristalsis so that the ovum, even if fer-

tilized, reaches the uterus in much less time than is normal and is thus too immature for implantation⁷.

Side Effects: The insertion of an intra-uterine device is usually followed by slight bleeding, sometimes accompanied by slight pelvic pain. These symptoms usually cease within a few days. Pelvic inflammatory disease is one of the side effects quite often mentioned. Statistics⁸ now show that the rate for this inflammation ranged from 1.7% for the loop to 3.9% for the spiral. Most of the cases reported were mild and could be managed successfully without removing the device.

Perforation of the uterus has occurred at times, but most of these cases can be shown to be due to faulty manipulation. Perforations have been reported at a rate of one per 300 insertions of the bow and one per 2,500 insertions of the other devices.

Exfoliative cytology has been cited as the most serious objection to the use of IUCD's. Thus far, there has been no scientific evidence of an adverse effect and no case has been reported that can be directly traced to the devices⁹, although physicians warn that many years will be needed yet to determine the ultimate effect of ICUD's upon cervical cytology.

If pregnancy occurs with a device *in utero*, it has been customary to remove it if possible. However, in many cases, the device has been left in place. In those cases, no damage to the fetus has been reported. The rate of abortion in these cases, though, is significantly higher than normal, but it has been impossible statistically to ascertain whether or not that was due to the presence of the IUCD.

Expulsion is more than a mere nuisance or side effect. Often, the fact may go unnoticed by a patient and pregnancy may occur. Expulsion occurs most often during the first three months after insertion. Increasing order of expulsion: Bow (1.1%), Loop (9.3%), Ring

(15.8%) and Spiral (21.8%). As pointed out previously, the stem or nylon threads are attached so that the patient may determine herself whether or not expulsion has taken place.

Effectiveness: Although all IUCD's under study are highly effective, some appear to be more effective than others, just as there is a wide variation in the rate of expulsion. The over-all pregnancy rate is usually reported at 2%, i.e., an effectiveness of 98%. The following pregnancy rates have recently been reported by the Planned Parenthood Federation⁸: Spiral (1.8%), Loop (2.4%), Bow (5.7%) and Ring (7.5%).

A more sophisticated measure of effectiveness, perhaps, is the failure rate per 100 woman-years of exposure to the risk of pregnancy. Use this and statistics presented by the Planned Parenthood Federation, a comparison with other contraceptive methods shows IUCD's about 4 to 5 times as effective as diaphragms and more than 10 times as effective as the rhythm method.

Simplicity, of course, increases the effectiveness of any contraceptive device or method. Even the use of "the pill" requires some measure of patient cooperation, e.g., a strict daily regimen under which it is taken. It seems that "patient failure", i.e., an error on the part of the patient in using a contraceptive device, is completely eliminated with the use of the intra-uterine devices. It is the only method of fertility control, with the exception of a surgi-

cal procedure, which requires just one act of decision on the part of the patient.

Summary: While the IUCD's seem to have proved themselves, in skilled hands, to be highly (but not 100%) effective contraceptives, it would seem that a woman who decides to use an IUCD should consult a physician who has had considerable experience with these devices, possibly a physician associated with one of the coordinated trials under the auspices of the Planned Parenthood Federation or a community hospital clinic.

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- 7 Medical World News, Nov. 8, 1963
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- 9 Tietze, C., Excerpta Medica International Congress Series 54, pp. 9-20 (1963)

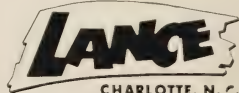
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The Third Simon Solomon Pharmacy Economics Seminar



Courtesy Paramount Photo Service

Top Row, left to right: J. E. VanGundy, George Scattergood, R. J. Lohrman.
Bottom Row, left to right: Dr. Paul Cooper, John T. Fay, Jr., Mrs. Mickey Jordan.

Thursday, December 2, 1965, was the date of the Third Simon Solomon Pharmacy Economics Seminar which was held at the Holiday Inn Downtown in Baltimore. Sponsored by the Maryland Pharmaceutical Association, the event began with registration at 8:30 a.m. and ran until 4:00 p.m.

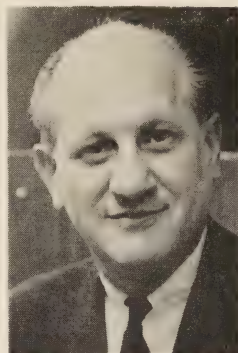
Featured in the morning half of the program were three speakers, as follows: Mr. Jack E. VanGundy, Division Sales Manager of Johnson and Johnson spoke on "Space Project", which was concerned with the management and overall modernization of space. "The Better Business Clinic" was the topic of the second speaker, Mr. George M. Scattergood, Manager of Prescription Container Sales Division of the Armstrong Cork Company. It was concerned mainly with effective management techniques for pharmacies and how modern

business controls and record-keeping methods can be adapted to the needs of all pharmacies to insure maximum profit. Anchor man for the morning session was Robert J. Lohrman, Manager of Menley and James' Trade Relations Division. He spoke on "OTC Drugs in the Pharmacy." Presiding over this half of the proceedings was Committee Chairman Milton A. Friedman.

Following luncheon, the afternoon talks got under way with Co-Chairman Joseph H. Morton presiding. Dr. Paul D. Cooper, Director of the Fiscal Research Bureau of the State of Maryland, delivered an informative resume of the work of his "Cooper-Hughes Commission" which had the enormous job of revising the entire tax program for the State. Dr. Cooper's remarks were followed by those of Mr. John T. Fay, Jr., Director of Pharmaceutical Services of



SIMON SOLOMON



CHAIRMAN, MILTON A. FRIEDMAN

the American Pharmaceutical Association. His speech was entitled "Professionalism: Monologue or Dialogue" and dealt with the basic economics and new methods of professional pharmaceutical practice. "The Exploding Cosmetic Market" was then explored by Mrs. Mickey Jordan, Clairol Cosmetic Forum Director.

The afternoon ended with a summation of the proceedings.

The Pharmacy Economics Seminar is named by MPA for Mr. Simon Solomon, in recognition of his outstanding contributions to the advancement of the profession of pharmacy for over four decades.

—O—

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SNACK VARIETIES

School of Pharmacy

The following was the fall enrollment of the School of Pharmacy as reported by Dean Noel E. Foss.

College Park:	Male	Female	Total	
1st year	47	13	60	
2nd year	48	12	60	120
<i>Baltimore:</i>				
3rd year	33	5	38	
4th year	29	3	32	
5th year	27	4	31	101
Special	1	1	2	2
Graduate	23	6	29	29
				252

Dean Foss added, "We are pleased students graduating in June than finished in the spring of 1965 when there were only 25 students. Although it is not anticipated that there will be any increase in senior students in 1966, we are expecting a significantly larger number of students to enroll in the third year, or first professional year of the five year program in Baltimore in September 1966."

Doctor Krantz Will speak at Alumni Affair

Dr. John C. Krantz, Jr., recently retired Professor and Head of the Department of Pharmacology at the University of Maryland School of Medicine and a graduate of the School of Pharmacy, will be the guest speaker at a buffet supper on Thursday, March 10, 1966. The sponsoring organization is the Alumni Association of the University of Maryland School of Pharmacy.

The evening will begin at 7:00 p.m. in the Baltimore Student Union at 621 West Lombard Street and the cost will be \$2.00 per person. Guests are invited and tickets may be obtained from Harold P. Levin at 486-2319.

Dr. Krantz topic for the evening talk will be "The Simplicity to Wonder."

APhA—MPA Student Charter Meetings

November 30, 1965

Approximately 90 members heard Major Leroy D. Werley, Jr., USAF, MSC talk on the subject "Pharmacists and the Air Force." Himself a pharmacist, Major Werley has an extremely broad background in pharmacy, hospital administration, and military service. His talk, as reported by Stephen L. Buckner, Secretary of the Chapter, was very informative and well received.

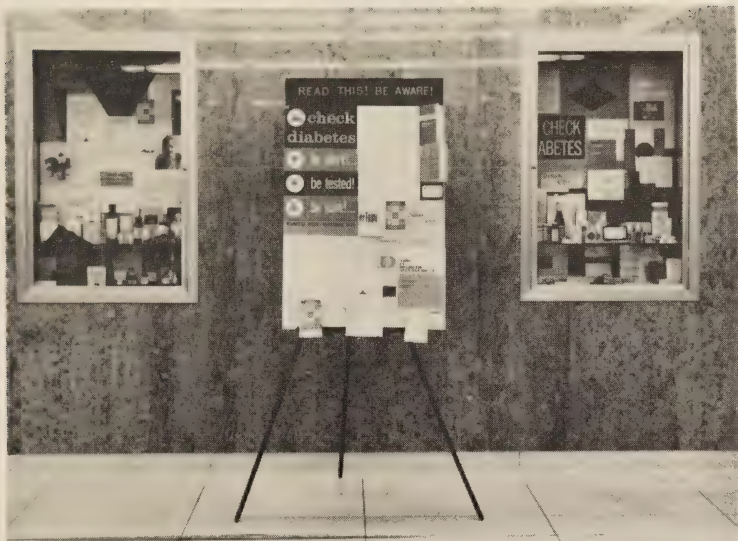
December 7, 1965

Dr. Donald J. Allen, Research Associate from Merck, Sharp and Dohme was the speaker for this meeting, attended by 85 members of the Student Chapter of the University of Maryland School of Pharmacy. Mr. Allen, a licensed pharmacist from South Africa, with a Ph.D. in physical chemistry from the University of Michigan answered questions about the employment possibilities at MSD, as well as describing its various divisions, its history, and the present salary ranges for pharmacists.

December 14, 1965

At its mid-December meeting, the Student Chapter, with 90 members present heard Mr. Richard Goss, Baltimore District Superintendent of the Upjohn Company, whose talk revolved around the showing of a film, "Come Climb a Mountain—the Challenge of Pharmaceutical Sales." This film, written and produced by the Upjohn Special Department, traced the life of one of the Company's salesmen from his first day on the job, depicting his training, requirements, and dealings with his own customers. The talk, which was followed by questions from the students, included a listing of the many advantages and company benefits in working for Upjohn.

Diabetes Detection Week



During the recent National Diabetes Detection Week, Mr. William Edmondson, President of the Student Branch of the American Pharmaceutical Association—Maryland Pharmaceutical Association, arranged this display in the Health Sciences Library, on the Baltimore campus of the University of Maryland. This work was done in cooperation with Dr. Peter Lamy, Assistant Professor of Pharmacy. The display was exceedingly well received.

Shay to Costa Rica

Dr. Donald E. Shay, professor of microbiology and head of the department at the University of Maryland Schools of Dentistry and Pharmacy, left recently for Costa Rica, where he represented both schools at the *I Congreso Centroamericano* and the *II Nacional Congreso de Microbiología*.

Dr. Shay will present two scientific papers at the meetings, which will be held on the campus of the University of Costa Rica, in San Jose.

Dr. Shay will also serve as an advisor to the committee for the organi-

zation of a federation of microbiology societies of Central America.

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1965-66

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Factors in Decision to Study Pharmacy

By B. F. ALLEN*

A survey in 1960 conducted by the writer among University of Maryland students on the Baltimore Campus revealed that the local pharmacist and pharmacist family members were the two biggest factors (over 50 per cent) responsible for influencing young people to enroll in the School of Pharmacy.

It was also noted in this survey that only 5 per cent of the students were attracted by a pharmacy recruitment program, 3 per cent by a high school teacher or counselor, and 2 per cent by an open house affair at the School of Pharmacy.

The other students gave a wide assortment of personal reasons for deciding on a career in pharmacy. Some of the reasons were as follows: good pay and employment security; interest in a business and profession; desire for a broad general science background; interest in public health, chemistry, or drugs; and a desire for a professional career.

In a similar survey conducted in 1964, it was again noted that the practicing pharmacist and pharmacist family members are important factors (42 per cent) responsible for influencing young people to enroll in the school.

This particular survey showed that science interests (22 per cent), non-family members (14 per cent), high school teachers or counselors (3 per cent), pharmacy students (3 per cent), and a recruitment program (2 per cent) influenced the students.

Among the reasons given by some of the other students for selecting pharmacy

were the following: pharmacy is a good profession, desire to be a medical service representative or wholesaler, and pharmacy is a profession where one can help others who are unable to help themselves.

In the survey reported in 1960 when the four year program was still in effect, the students in attendance on the Baltimore Campus came from 44 Maryland high schools, 4 Virginia high schools, 2 District of Columbia high schools, and one high school in the States of California, New York, Pennsylvania as well as West Virginia.

The students in the 1964 survey represented 33 Maryland high schools, 2 high schools from the District of Columbia and Pennsylvania, and one high school in the States of Delaware and New York.

Since the five year program was in effect at this time, these students obtained their pre-pharmacy at the following institutions: University of Maryland, College Park (82 students); Baltimore Junior College (3 students); Potomac State College (2 students); Frostburg State College (1 student); Montgomery Junior College (1 student); Loyola College (1 student); York Junior College (1 student); and University of South Dakota (1 student).

It is also of interest to note that some of the above students had attended at one time or another the following institutions: Towson State College, George Washington University, University of Oslo, University of Utah, University of Denver, and Lehigh University.

The following information was recently obtained in a survey conducted among the third year students at the School of Pharmacy, University of Maryland (Baltimore Campus):

*Chairman, Careers in Pharmacy Committee, Alumni Association, School of Pharmacy, University of Maryland.

Reasons for Selecting a Career

<i>in Pharmacy</i>	<i>Per Cent</i>
Practicing Pharmacist	32
Pharmacist Family Member ..	21
Family Influence	8
Science Interest	8
Recruitment Program	5
Friend	5
Teacher or Counselor	3
Pharmacy Student	3
Hospital Pharmacy	3
Other	12 ^a
Total students reporting: 38	

<i>High School Attended</i>	<i>Number of students</i>
Baltimore City College	13
Baltimore Polytechnic Inst. .	2
Mount St. Joseph	2
Allegany (Cumberland, Md.)	2
Coaldale (Coaldale, Pa.) ...	1
Ramsay (Birmingham, Ala.)	1
Higginsville (Higginsville, Missouri)	1
Washington (Princess Anne, Md.)	1
Patterson	1
Forest Park	1
Linton (Schenectady, N.Y.)	1
Samuel Ready School	1
Kenwood	1 ^b
Glen Burnie	1
Parkville	1
Brooklyn Park	1
Loyola	1
East Rutherford (East Rutherford, N.J.)	1
Sts. Peter and Paul (Easton, Md.)	1
Laurel	1
Milford Mill	1
Dundalk	1
Calvert Hall	1

^a Some reasons given: (1) desire to help others, (2) desire to be a professional person, (3) desire to learn and apply a skill for benefit of a community, (4) a pleasing and rewarding profession, and (5) pharmacy profession offers an expansion into other fields.

^b Also attended Overlea

<i>Pre-Pharmacy Institution</i>	<i>Number of students</i>
---------------------------------	---------------------------

University of Maryland	26 ^c
Baltimore Junior College ...	8 ^d
Frostburg State College	1
St. Joseph College	1 ^e
Penn State University	1 ^f
University of Missouri	1

In recent years, tremendous efforts have been made by various groups and organizations to publicize the career opportunities in pharmacy. Often this effort has been directed in a manner as to de-emphasize retail or community pharmacy.

In the aforementioned surveys it is very interesting to note that members of the practicing profession have played a very important part in helping young people to select pharmacy as a career. These surveys also point out the great need for effective ways and means in which the recruitment programs can be directed toward the parents of future pharmacy students.

^c Some students also attended other institutions:

- Six—Baltimore Junior College
- Two—Loyola College
- One—Montgomery Junior College
- One—Catonsville Community College
- One—Howard College (Birmingham, Ala.)
- One—American University
- One—Catonsville Community College as well as Loyola College.

^d Some students also attended other institutions:

- One—Loyola College
- One—Essex Community College

^e Also attended University of Maryland and American University.

^f Also attended University of Maryland (Europe) and American University.

"Antibiotic Bowel"

Widely used antibiotics frequently cause gastrointestinal disorders including mild gastrointestinal irritation or diarrhea, perianal irritation and proctitis, ulcerative proctitis, and pseudomembranous enterocolitis. Staphylococcal enterotoxin can produce similar disturbances in susceptible animals, but the role of the Staphylococcus in producing these disorders in human patients is not fully understood. The milder gastrointestinal disorders can be corrected by ingestion of *Lactobacillus acidophilus* to hasten return of normal intestinal flora and by discontinuance of antibiotic therapy. Satisfactory treatment of pseudomembranous enterocolitis requires prompt support with appropriate fluids and electrolytes, parenteral administration of adrenocorticotrophic hormone, and use of specific antibiotics.

Most physicians still have a nebulous

concept of the "antibiotic bowel." For example, clinical histories or physical and laboratory findings to substantiate the diagnosis were found in only 64 of 102 patients with a diagnosis of pseudomembranous enterocolitis, staphylococcal enteritis, or "antibiotic bowel" seen at the Ochsner Clinic and Ochsner Foundation Hospital during the past 11 years. Of these 64 patients, 12.5% had pseudomembranous enterocolitis, 9.5% had anorectal syndrome due to antibiotics, 20% had ulcerative proctitis and colitis, and 58% had "antibiotic bowel." In discussing "antibiotic bowel," the author notes that the rectal instillation of methylprednisolone (Depo-Medrol) assists in healing the colonic mucosa in selected cases of ulcerative proctitis and colitis.

These findings were reported by Philip C. Young in *Postgraduate Medicine* 38:400-405, 1965.

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Chemical Which Enhances Learning and Memory

At a December 27 meeting of the American Association for the Advancement of Science, there were presented the first reports on experimental studies in animals of a chemical which appears to enhance learning and memory.

The symposium, entitled "Behavior, Brain, and Biochemistry", revealed that the chemical, known only by its code number, Abbott 30400 and which has been identified as magnesium pemoline (a mild central nervous system stimulant), increases the rate of synthesis of RNA (ribonucleic acid). This appears to result in improved learning and memory, according to Dr. Alvin J. Glasky, Abbott biochemist and Dr. Lionel N. Simon, biochemist at the Illinois State Pediatric Institute.

Also, Dr. N. P. Plotnikoff, an Abbott neuropharmacologist, found that rats given the chemical learned four to five times faster than untreated rats. Retention improved, as well.

Dr. Plotnikoff's conclusion was that while the studies do not "definitely establish" that increased RNA synthesis causes better learning and memory, the experiments "tend to support this hypothesis."

Trials in humans are expected to begin in the very near future, according to Abbott Laboratories.

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Teen-Age Girls and Skin Care

A recent survey by *Seventeen Magazine* reveals that young women and girls have skin problems, are concerned with them, and take steps to combat them. The population studied consisted of 11,923,000 young women under 20 years of age.

It revealed that 90% of them do have some skin problems and that 70% use medicated products. These consists of bath or face soap, some medicated brands; medicated cream and/or lotion; dry skin cream and/or lotion; medicated pads; liquid cleanser and cleansing grains. Most of these purchases are made at drug stores, with only soap being a super-market-bought product.

Experimentation does take place. The survey reports that over the past year, 66.5% of all teen girls have tried new skin products of various types. One-fifth tried medicated cream, and approximately 15% tried astringent and medicated lotion or gel; 10% tried liquid cleanser. Other products included in this experimentation are medicated skin pads, cleansing cream, cleansing grains and moisturizing lotions.

Seventeen reports the most important factor in choosing a skin care product for young women (other than performance) is its convenience of use.

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Products . . .

'Dyazide'

Smith, Kline and French Laboratories has made available an oral diuretic for treatment of edema and hypertension called 'Dyazide' which is reported to offer complete diuresis and better electrolyte balance than other oral diuretics.

Its action is at both the distal and proximal tubules of the kidney nephrons; the drug is said virtually to eliminate the need for potassium supplements since the 'Dyrenium' component (50 mg) conserves potassium. The other active ingredient is hydrochlorothiazide (25 mg).

Specific indications for use of the drug are edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome and late pregnancy, and steroid-induced and didopathic edema. 'Dyazide' also is useful in patients whose response to other diuretic therapy is inadequate and in cases where sodium-retaining steroids are present.

As is the case with any diuretic, 'Dyazide' is contraindicated for further use in patients who exhibit progressive renal dysfunction or increasing hepatic dysfunction. It is also ill-advised in patients hypersensitive to either 'Dyrenium' or hydrochlorothiazide and should not be used where there is evidence of pre-existing elevated serum potassium.

'Dyazide' is available only by prescription and is supplied in bottles of 100 and 1000.

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K-Lyte, Potassium Supplement

An effervescent tablet which makes a lime-flavored drink for the treatment of potassium deficiency has been introduced by Mead Johnson Laboratories. The new prescription product is called K-Lyte and is indicated to prevent or to correct potassium losses which frequently accompany body fluid disturbances, and is particularly useful as part of the treatment of patients suffering ailments which require the use of thiazine diuretics or corticosteroid hormones.

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—0—

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Abbott Laboratories of North Chicago have announced the availability of an organic amine for the correction of severe systemic acidosis, which, when administered intravenously, acts as a proton acceptor. It is called Tham-E (tromethamine with electrolytes).

In life-threatening situations such as metabolic acidosis associated with cardiac bypass surgery; acidity in ACD blood in cardiac bypass surgery and metabolic acidosis associated with cardiac arrest, Tham-E also serves as a temporary buffer base component in patients with lowered alkali reserve.

Tham-E is contraindicated in anuria and uremia and in pregnancy, except in a life-threatening situation, since its effect upon fetal development has not been studied clinically or in animals.

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—0—

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OBITUARIES

Katherine Korb

Miss Katherine Korb, 77, retired Baltimore pharmacist, died on December 4 at Levindale Home for the Aged.

Miss Korb, who was one of the first women to study pharmacy, graduated from the University of Maryland School of Pharmacy in 1910. She was honored by the Alumni Association in 1960 with the presentation of a 50-year plaque.

She was associated with the Maryland General Hospital as a pharmacist for about 30 years. After her retirement, 15 years ago, she worked in community pharmacies.

Miss Korb is survived by her sister, Mrs. Margaret Levy of Washington, D.C., and eight nieces and nephews.

—O—

Rand P. Hollenback

The National Secretary-Treasurer of Phi Delta Chi Pharmaceutical Fraternity, Rand P. Hollenback, died in Columbus, Ohio, on December 21. He was 66.

Mr. Hollenback was editor of *The Booster* and *The Herald* of Columbus and was President of The Press of Hollenback, Inc.

He is survived by his wife, Maude; mother, Mrs. Kathryn; a son, Donald; a daughter, Mrs. Patti Langmead, and five grandchildren.

—O—

Clayton B. Aldrich

Clayton B. Aldrich, former personnel director for Peoples Drug Stores, died December 24 at Prince George's County General Hospital after suffering a heart attack. The 72-year-old pharmacist, who had been an active member of the Maryland Pharmaceutical Association, had worked for the drug chain for 30 years prior to retirement in 1958.

Mr. Aldrich, who made his home in Bowie, Maryland, leaves his wife, Beatrice, a daughter, Mrs. James Torillo, three grandchildren, and two great-grandchildren.

—O—

Lee F. Hoover

A prominent retired pharmacist in the Harper's Ferry (West Virginia) area, Lee F. Hoover, 73, died November 16 at his home there.

Mr. Hoover's career included many years in Baltimore, where he owned the Northwestern Pharmacies at Fremont and Harlem Avenues, Pennsylvania Avenue at Dolphin Street, and 1016 Druid Hill Avenue. This was from 1920 to '36.

He is survived by his widow, Ida, and a sister, Mae Helena, of Roanoke, Virginia, the family's original home.

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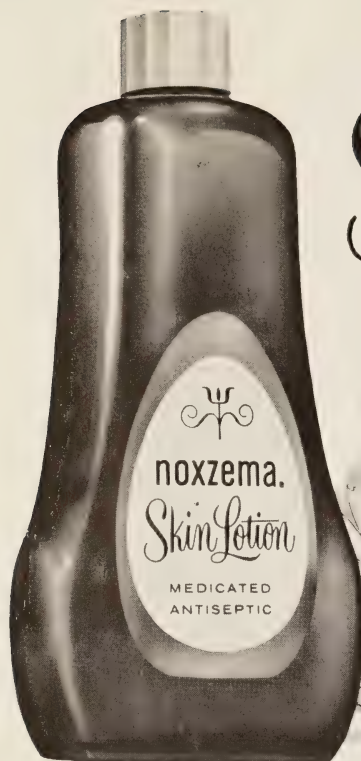
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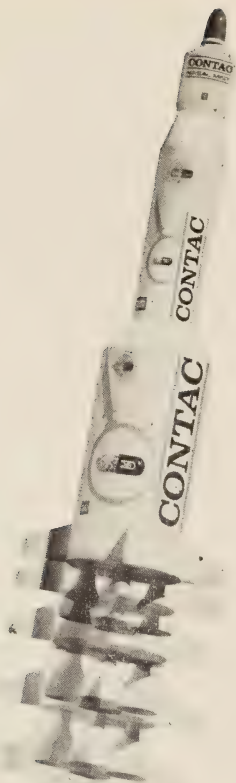
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLI

JANUARY 1966

No. 4

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PATRONIZE OUR ADVERTISERS

The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price \$5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 8, 1879.

Editorial

Your Voice in Pharmacy

During the course of a year, the Maryland Pharmaceutical Association offers a number of opportunities for members to participate in the affairs of the Association. It is at committee meetings, regional meetings and the Annual Meeting at the Convention that discussions are held, recommendations formulated, policies adopted and work in behalf of the profession is accomplished.

The leaders of the M.P.A. encourage and urge all pharmacists to attend and take part in these meetings. Any member sincerely dedicated to the advancement of the profession of pharmacy will find many areas in which to contribute his time, efforts and talents.

On Thursday, April 14 the Spring Meeting of the Association will be held at the Turf Valley Country Club (off Route 40 West). The theme will be "What Do You Think We Need in Pharmacy Legislation?" This will be an open forum for all members—a chance for each and every pharmacist to voice his opinions and present his ideas.

The date of the Regional Meeting falls after the close of the 1966 State Legislative session and will, therefore, permit us to review any results which affect pharmacy.

We have all heard critical remarks about what has and has not been done in the past. Let us now have constructive suggestions for the coming legislative sessions. Meeting together can only result in greater understanding of the issues.

With increased interest and with broader participation by more and more pharmacists, we can develop programs that will go a long way in achieving the professional goals and rewards all of us in pharmacy are striving to attain.

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President's Message

Dear Fellow Members:

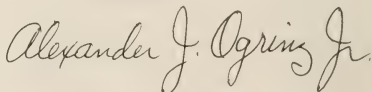
That every individual have a free choice of the pharmacy in which his prescription will be filled must be the basis of consideration where drug distribution is discussed. The pharmacist who makes his living as a community pharmaceutical practitioner is the only professional man plying his profession in an economic atmosphere. For decades, proprietary medicines, beauty aids, health needs and many other basic drug store items have been the targets for price cutting by non-pharmacies as well as certain pharmacies. Many members of the Maryland Pharmaceutical Association will always remember the crusade of Si Solomon and his efforts to prevent the price structure of front drug store items from being destroyed. Even at this writing, he is concerned with State legislation which has been introduced into the Maryland General Assembly, which, if successful, would make extinct any Fair Trade Legislation that still exists in Maryland. This battle, although it does involve some pharmacists, can be considered basically as an encroachment by non-pharmaceutical interests.

As we look back over the last few years we see a notable trend in the involvement of the prescription in these price wars. This nasty involvement must be placed squarely in the lap of the pharmacist. Attacks by governmental representatives, by pharmacies licensed to operate in a grocery-type environment, by high powered borderline advertising, etc., could not be successful if some pharmacist were not willing to be a partner in making these activities pay off to the business interests whose sole objective is gross income. This desecration of the *prescription*, if allowed to continue, will eventually annihilate the profession.

I am also aware that other activities, seemingly innocent in nature, will add to this turmoil and destruction. Some of those that disturb me are: direct lines to physicians' offices; union pharmacies; efforts by hospital pharmacies to serve non-hospital patients. Pharmacists have been involved in creating these conditions and pharmacists can stop them.

The Maryland Pharmaceutical Association is greatly concerned about these happenings because, if they are allowed to continue, the neighborhood pharmacy, which is still the bulwark of our profession, will cease to exist. This, in turn, will curtail greatly the community supply of medication to the public who will not realize that the pharmaceutical services it once enjoyed are no longer at its beck and call. This Association is serving its members in many areas, but its foremost concern must be prime pharmaceutical service to the public. Experience proves that when professional service is "served", economic reward will be "reaped".

Sincerely,

A handwritten signature in cursive script, reading "Alexander J. Ogryns Jr.".

President

in'ven·tō'ry, *n.*; *pl.* -RIES [ML. *inventorium*, a list, inventory from L. *inventus*; *pp.* of *invenire*, to come upon, discover]. 1. an itemized list, or catalog of goods, property, etc.; especially such a list of the stock of a business, taken annually. 2. the store of goods, etc., which are or may be so listed, stock.

in'ven·tō'ry, *v.t.*; -RIED, *pt.*, *pp.*; -RYING, *ppr.* 1. to make an inventory of, to make a list, catalogue, or schedule of: as, to inventory a stock of drugs. 2. to place on an inventory.

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Secretary's Script...

A Message from the Executive Secretary

The Drug Abuse Control Amendments of 1965—H.R. 2

Requirements Effective February 1, 1966

At the time of this writing the Drug Abuse Control Amendments of 1965—H.R. 2—impose only the following requirements on pharmacists:

1. Pharmacists must take an inventory of stimulant and depressant drugs in stock as of February 1, 1966.
The F.D.A. exempted from record-keeping—until August 1, 1966—over-the-counter depressant and stimulant drugs containing amphetamines or barbiturates combined with other drugs, but not amphetamines and barbiturates combined with each other.
2. Keep this record for a minimum of three years.
3. Additional authorization from the prescriber is necessary if the R_x order for a stimulant or depressant is over six months old.
4. You may not refill a stimulant or depressant R_x more than five times without a new R_x—or without additional authorization from the prescriber. This rule applies regardless of the date of the R_x.
5. No renewals of stimulant and depressant drugs are permitted without proper authorization—if there are no refill instructions on the original R_x.
6. Your records of stimulant and depressant drugs must be available to F.D.A. inspectors.
7. All invoices which include stimulant and depressant drugs must contain the supplier's federal registration number.
8. Pharmacists regularly supplying physicians and other pharmacists with drugs covered by H.R. 2 must register with F.D.A. If a pharmacy engages in such practices only occasionally or merely to "oblige" another pharmacist in an emergency, he need not register. However, a record of all transactions with physicians and other pharmacies must be maintained.

MPA Aids for H.R. 2

In order to keep pharmacists and other health professionals informed, two thousand brochures entitled "H.R. 2 and YOU" have been distributed.

In addition, two separate informational bulletins regarding the provisions and drugs covered by the law have been mailed.

Finally, over 400 copies of an inventory booklet for H.R. 2 were mailed as an M.P.A. service to all pharmacists requesting them. The brochures and inventory forms were prepared by the A.Ph.A. and purchased by the M.P.A. for free distribution in Maryland.

Prescription Pre-payment Plans

The M.P.A. has under investigation several approaches to prescription pre-payment insurance. In addition to the California "Paid Prescriptions" Plan,

conferences have been held with officials of the Maryland Hospital Services (Blue Cross-Blue Shield) to consider the feasibility of a cooperative plan. "Maryland Pharmaceutical Services, Incorporated" has been established by M.P.A. to serve as an independent agency for any plan which may be adopted.

Nathan I. Gruz
Executive Secretary

•

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Items of Historical Importance in the Life of the School of Pharmacy, University of Md.

(Formerly the Maryland College of Pharmacy)

By B. OLIVE COLE*

January, 1966, marked the 125th anniversary of the University of Maryland School of Pharmacy, which was incorporated as the Maryland College of Pharmacy in 1841. In observance of this event, the following review of its history is presented.

The Maryland College of Pharmacy was a membership institution organized in Baltimore by apothecaries and physicians. The initiatory conference was held at the residence of Dr. Samuel G. Baker, June 8, 1840. The Medical and Chirurgical Faculty was represented by Doctors Samuel G. Baker, W. E. A. Aiken and William Riley. The following represented the pharmaceutical interests: Messrs. Thomas G. Mackenzie, George W. Andrews, David Stewart, Robert H. Coleman, B. H. Atkinson, John Hill, Jonathan Chapman, and J. W. W. Gordon. Dr. Baker presided.

A committee of five apothecaries was appointed to decide upon the best plan for organizing a college of pharmacy in the City of Baltimore. The committee, on June 22, 1840, recommended the calling for a general meeting of all regularly-educated apothecaries in the City, which was held on July 6, 1840. A committee was appointed to draft a constitution and by-laws. This committee reported on July 20, 1840, with Mr. Mackenzie presiding. The Constitution and By-Laws were adopted, with numerous amendments, and the following officers of the College were elected:

President—Thomas G. Mackenzie
First Vice-President — George W. Andrews
Second Vice-President — Robert H. Coleman
Secretary—William H. Balderston
Treasurer—Henry B. Atkinson
Board of Examiners—Benjamin Rush Roberts, David Stewart, Thomas T. Phillips

The Board of Examiners was to examine orally the applicants for membership and to investigate the quality of medicines such applicants were in the habit of dispensing. The organization was thus fully concluded and the meeting adjourned.

The following names appear as the incorporators in the Charter of the Maryland College of Pharmacy which was granted at Annapolis, Maryland on January 29, 1841: Thomas G. Mackenzie, George W. Andrews, Robert H. Coleman, Benjamin Rush Roberts, David Stewart, Henry B. Atkinson and William H. Balderston. This group, together with the following: Israel J. Grahame, R. P. Littlefield, James W. Scott, John Hill, William Smith Reese, W. S. Love, John J. Myer, T. E. Brennan, E. Raymond and Charles Wiseman, signed the record book as members of the Maryland College of Pharmacy in 1841.

In 1847, owing to the death of four members and change of occupation of seven, the College suspended all lectures, the last meeting being that of October 12, 1847. In 1856, George W. Andrews called a meeting which resulted in the election of thirty-one new members and a thorough reorganization of the College. The following were elected as officers on February 25, 1856:

*Emeritus Professor of the School of Pharmacy of the University of Maryland.

President—George W. Andrews
 First Vice-President—J. Faris Moore
 Second Vice-President—Louis Dohme
 Secretary—J. Jacob Smith
 Treasurer—J. Brown Baxley
 Board of Examiners—Wm. Silver
 Thompson, John Francis Hancock,
 N. H. Jennings

The College was reincorporated in 1870 and was amalgamated with the professional schools of the then University of Maryland in 1904, to form the Department of Pharmacy of that institution. The College became the School of Pharmacy of the University of Maryland when the professional schools of the University of Maryland were merged with Maryland State College at College Park in 1920.

Of passing interest is the active participation of the Maryland College of Pharmacy in the formation of the Maryland Pharmaceutical Association in 1883, with Dr. Edwin Eareckson as temporary chairman and Dr. Charles Caspari, Jr. as temporary secretary, and also the formation of the American Conference of Pharmaceutical Faculties, now the American Association of Colleges of Pharmacy, with Dr. Henry P. Hynson, who was then Secretary of the Maryland College of Pharmacy, as a proponent of the organization of the Association.

Following the re-organization in 1856, a Code of Ethics was adopted. At the institution of the course of lectures for 1856-57, three professorships were created. Dr. Lewis H. Steiner was elected Professor of Chemistry; Dr. Charles Frick, Professor of Materia Medica; and Mr. Samuel J. Graham, Professor of Practical Pharmacy. The history of the Maryland College of Pharmacy records many professors who taught classes from 1841 to 1904, including Dr. David Stewart, Dr. J. Faris Moore, Dr. William Simon, Professor W. E. A. Aiken, Dr. Frank Donaldson, Dr. Charles Caspari, Jr., a graduate of the class of 1869, and Dr. D. M. R. Culbreth, elected in 1888.

In 1858 a quarterly Journal of Transactions of the Maryland College of Pharmacy, edited by Mr. Wm. Silver Thompson, was published. The pages of the Journal were bright with valuable original contributions and abstracts from foreign scientific periodicals; it also furnished an account of the meetings of the College. Fifteen numbers were issued, the last in April, 1862, the expenses outweighing the income from subscriptions and advertisements.

Subsequent to 1841 and prior to 1902, the year in which the state-wide practice act was passed in Maryland, all pharmacy laws were initiated and fostered by the Maryland College of Pharmacy.

The 1910 act of the Maryland Legislature provided for a Food and Drug Commissioner to be appointed by the State Board of Health. Dr. Charles Caspari, Jr. established the Department and served as Commissioner until his death in 1917.

There were eleven Presidents of the Maryland College of Pharmacy from the time of organization to the amalgamation of the College as a department of the professional schools of the University of Maryland in 1904.

Thomas G. Mackenzie	1840-1842
Benjamin Rush Roberts	..1842-1844
George W. Andrews	1844-1871
J. Brown Baxley	1871-1872
J. Faris Moore	1872-1873
John F. Hancock	1873-1875
Joseph Roberts	1875-1888
Edwin Eareckson	1888-1890
William S. Thompson	1890-1891
Louis Dohme	1891-1897
Charles E. Dohme	1897-1904

The officers and members of the College of Pharmacy had friends who were artists, and portraits of seven of the presidents were provided for the College, the minutes of the College recording the name of the artist selected and the price of the portrait. These have been preserved by the present School of Pharmacy. Five of the large portraits of presidents prominent in the work of

the Maryland College of Pharmacy have been reproduced in a size suitable for inclusion in an historical article for *The Maryland Pharmacist*. Some of the characteristics and accomplishments of the presidents of the Maryland College of Pharmacy, who were exemplary in character and ability as pharmacists and active in perpetuating the standards of pharmaceutical education, of research, of industry and public health, are noted below.

The officers of the Maryland College of Pharmacy in 1904, when it became a Department of the University of Maryland were:

President—Charles E. Dohme

1st Vice-President—Henry A. Elliott

2nd Vice-President—John C. Muth

Secretary—Charles H. Ware

Treasurer—Samuel Mansfield

Board of Examiners—John A. Davis,
J. Edwin Hengst, Louis Schulze

CHARACTERISTICS AND ACCOMPLISHMENTS OF THE PRESIDENTS OF THE MARYLAND COLLEGE OF PHARMACY

Thomas G. Mackenzie

Thomas G. Mackenzie, one of the incorporators and the first President of the Maryland College of Pharmacy, was born in 1802 and died in 1873. He was the son of Dr. Colin Mackenzie (1775-1827). Mr. Mackenzie was president of the Maryland College of Pharmacy from July 30, 1840 to July 25, 1842, and Vice-President from September 24, 1844 to February 2, 1847. He founded a store in 1824 at the northeast corner of Baltimore and Gay Streets in Baltimore. After a year the firm's name was changed to "Thomas G. Mackenzie & Co." and, in 1827, at the death of his father, to "Mackenzie

& Company" inasmuch as his two brothers, prominent physicians with a following, had a monetary interest in the business.

Mr. Mackenzie's educational and social advantages implied high business ideals, and, as a matter of fact, he always stressed the best in pharmacy. Consequently, when, in the late thirties, there was a move to found a college to teach its underlying principles, few worked with greater loyalty and zeal until its organization had been accomplished.

As early as October 28, 1842, the Maryland College had a Committee on Essays. Each member of the college in the order of registration of his name was expected to deliver a lecture on some subject connected with pharmacy or chemistry, or a critique or formula of the new Pharmacopoeia; he was to occupy the floor not more than thirty minutes, when the subject was open to discussion. Among the papers and critiques presented in the early life of the college were those of Mr. Mackenzie. In February 1845, he read a paper proposing a modification of several formulae of the last United States Pharmacopoeia and offered a formula for the preparation of Black Drop, which was adopted; he also offered a formula for the preparation of Syrup of Squills, which was referred to a committee for consideration. Later in that same year he presented three specimens of ointment of red precipitate, made by different methods, which were set aside to abide the test of time in order to determine their several merits.

The minutes of the College show that as early as May 28, 1844, the College resolved to form a library, and the first donation recorded is that of Mr. Mackenzie, which consisted of a case of specimens of *Materia Medica*, a number of framed paintings of plants, a table of chemical equivalents and a table of chemical tests.

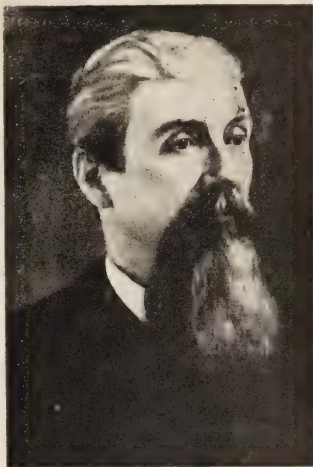
Dr. George W. Andrews

Dr. George W. Andrews, one of the incorporators and President of the Maryland College of Pharmacy for more than twenty years, was first elected President on September 24, 1844. The College suspended all activities from October 12, 1847 until early in 1856. Dr. Andrews was re-elected President of the reorganized College and was active in this connection until his retirement on July 10, 1871. He died in Baltimore on September 12, 1877, at the age of seventy-six.

Dr. Andrews established a store in 1829 at 3 West Baltimore Street, but afterwards moved to 5 West Baltimore Street. He soon became a chemist of repute, as well as a prescriptionist who enjoyed the implicit confidence of physicians and the public. In 1857 he associated as partner with his able and long-time trusted clerk, William Silver Thompson, creating the highly respected firm of Andrews and Thompson.

Dr. Andrews was not present at the organization meeting of the American Pharmaceutical Association in 1852, but simply from his well-known reputation and sympathy for the cause, he was elected its initial First-Vice President, a position which practically assured a further recognition, which materialized when, five years later on September 9, 1856, he was chosen President of the Association. However, owing to a prolonged stay in Europe, he was not able to preside at the Fifteenth Annual Meeting in 1857.

Dr. Andrews was a man with a scientific bent—resourceful, accurate, reliable, devoting much time to chemistry, making many important analyses, and authoring many technical monographs. He was a member of the Maryland Academy of Science for fifty-five years. During his long life he enjoyed and retained the reputation of reliability and scientific accomplishments, activity and correctness in his business relations, and of being a good and useful man and citizen.



DR. GEORGE W. ANDREWS

The resolution of the Maryland College of Pharmacy, dated October 2, 1877 included the following: "Resolved that we will ever hold dear the memory of his noble life, his patient and self-sacrificing devotion to his profession, his persistent zeal in promoting the dignity of the science of Pharmacy, his gentleness of character and faithfulness as a friend."

Dr. J. Faris Moore

Dr. J. Faris Moore, who was President of the Maryland College of Pharmacy from January 11, 1872 to July 10, 1873, was born in Port Penn, New Castle County, Pennsylvania on February 20, 1826, and died February 3, 1888. His boyhood days were spent in Elkton, Maryland at an academy, where he received his education. In 1842 he entered the pharmaceutical establishment of George W. Andrews in Baltimore, remaining six years, and, in 1847, was graduated from the Maryland College of Pharmacy. He conducted the drug business in Wilmington, Delaware, for three years, in the meantime studying



DR. J. FARIS MOORE

medicine and graduating from the Jefferson Medical College, Philadelphia, in 1849. He returned to Baltimore and established, first with a partner—J. K. B. Emory—until 1858, and then as sole proprietor, a drug store at Howard and Madison Streets, which he operated until the time of his death.

He was one of the reorganizers of the Maryland College of Pharmacy in 1856, held the office of Secretary, and was elected Professor of Pharmacy in 1861, which chair he held for nineteen years, when, at his request, he was given the professorship of Botany and Materia Medica, which he held until his death. In 1871, the Maryland College of Pharmacy conferred upon him the degree of Doctor of Pharmacy for his deserving, original work and research in the science of Pharmacy.

Dr. Moore was elected President of the American Pharmaceutical Association in Baltimore in 1863, and presided at the twelfth annual meeting in Cincinnati, September 1864. His address at this meeting was remarkable for its

brevity, just over two printed pages, in which he regretted the continuance of the Civil War and also made a plea for higher preliminary requirements for those entering upon the study of pharmacy. He was quoted as saying in this address, in connection with preliminary requirements, that "Many being so woefully deficient in their education; for pharmacy is a science, and in that one word is embraced a host of collateral branches of knowledge, the attainment of which are indispensable to him whose ambition aspires to the title of pharmacist in its proper sense." He served twice on a committee for the revision of the National Pharmacopoeia.

Dr. Moore was a staunch Presbyterian, in which church he was an elder, and for four sessions he was a member of the Presbyterian Assembly. He was taken ill while attending services at the Twelfth Presbyterian Church, Baltimore, from which attack he never rallied. He knew his Bible and the Pharmacopoeia, and of the latter, having manufactured the preparations in various ways, retained clearly the several *modus operandi*, while his ready tongue found the meetings of the Maryland College of Pharmacy and the American Pharmaceutical Association a happy outlet for personal knowledge and news. At the same time he never desired to make a public demonstration of his knowledge, however thorough that might be on any given subject. He had a splendid disposition and no one ever saw him unless he possessed complete composure. He was democratic, easy of approach, with much natural ability, was devoid of envy or jealousy and bore friendliness towards all druggists.

Dr. Moore was prominent in politics and represented his ward several times in the City Council of Baltimore, where he was Chairman of the Committee on Health and on Ways and Means. He was one of the Commissioners of Pharmacy under the first pharmacy law of Baltimore, and then Secretary for a number of years.

Joseph Roberts

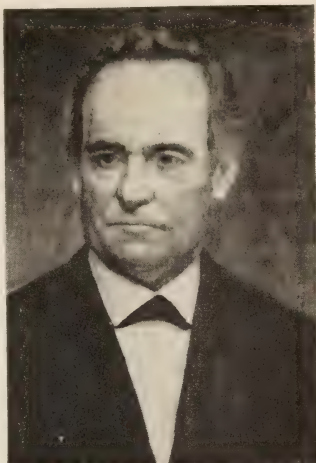
Dr. Joseph Roberts, who was President of the Maryland College of Pharmacy from July 5, 1875 until his death on January 31, 1888, was born in Baltimore on February 15, 1824. He received a good preparatory education at West Nottingham Academy and entered upon the study of pharmacy in New York with Mr. John Milhau. This was in 1841, and in a class of three, he graduated from the New York College of Pharmacy in 1845. The next year he returned to Baltimore and opened a drug store, which he successfully managed up to the time of his death.

The Maryland College of Pharmacy was established in 1841 and upon his return to Baltimore he at once became identified with the new school. Upon the reorganization of the College in 1856, he was elected a member of the Board of Examiners. He was President of the College when the new building was erected in 1886-87 on Aisquith Street, and, together with Henry A. Elliott, was appointed agent and representative of the Board of Trustees to act as a Finance Committee for the erection of the building.

He was energetic in having suitable legislative enactments passed for the advancement and better practice of pharmacy in his State, and, at the time of his death, was busy pressing before the State Assembly a new pharmacy law to take the place of the old one which he thought was not sufficient in its scope. His occasional contributions to pharmaceutical literature were creditable, since he was greatly interested in the various phases of educational training.

Dr. Roberts was twice Vice-President of the American Pharmaceutical Association, was elected president of the Association in Pittsburgh in 1885, and presided at the 34th Annual Meeting at Providence, R.I. September 7, 1886.

He was a man of strong physical power, fine judgment and apt understanding. His manner was slightly



DR. JOSEPH ROBERTS

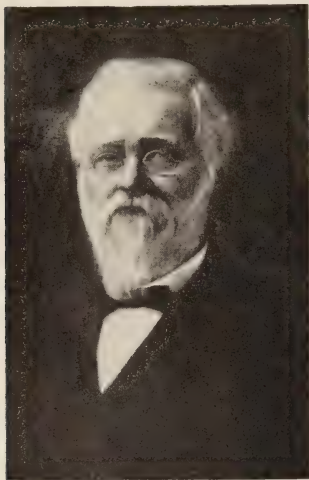
brusque, his speech being clear, penetrating and abrupt. His presence always engendered respect as well as admiration. His judgement was good, cautious and reliable; he was keen in resenting imposition or intentional slight; he shirked no duty or obligation—the more disagreeable, the more exacting the observance.

Dr. Roberts was sole owner of the extensive agricultural and manufacturing firm of George Page and Company, and was considerably identified with agricultural pursuits. A farm at the "Neck" near Sparrows Point, gave healthful diversion. Summer and Winter.

Dr. Edwin Eareckson

Dr. Edwin Eareckson was President of the Maryland College of Pharmacy from January 16, 1888 to July 17, 1890. He was Secretary for twelve years, and a member of the Board of Examiners for four years.

He was a member of the Committee appointed on October 5, 1882 by the Maryland College of Pharmacy to call a meeting to organize the Maryland



DR. EDWIN EARECKSON

State Pharmaceutical Association, and at the organization meeting on May 8, 1883, was elected Temporary Chairman. The Articles of Incorporation, dated November 26, 1889, lists the name of Edwin Eareckson as one of the incorporators of the Maryland Pharmaceutical Association. At the second annual meeting of the Maryland Pharmaceutical Association in 1884, he made a report to the sub-committee appointed to draft and have passed by the Legislature of Maryland a bill extending to the entire State the regulation of the sale of drugs, medicines and chemicals, to replace the local law applying only to the City of Baltimore. It was not a successful endeavor.

Dr. Eareckson was President of the Association in 1886 at its Fourth Annual Meeting, and delivered his presidential address in the House of Delegates Chamber, Annapolis, on June 1, 1886. He was a delegate from the Maryland Pharmaceutical Association to the meeting of the American Pharmaceutical Association in 1886.

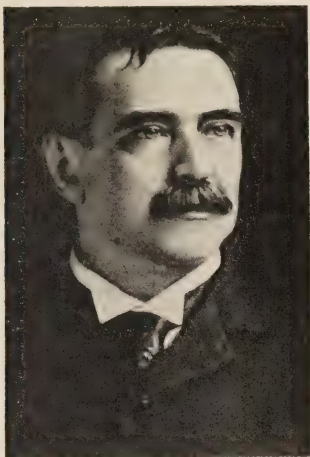
It is recorded that Dr. Eareckson started in business in Baltimore in 1849 and the Medical Directory of Baltimore of 1888 refers to him as President of the Board of Trustees of the Maryland College of Pharmacy, with a business address as 900 E. Baltimore Street. His home was at Elkridge, Howard County, Maryland. He died on May 25, 1896, and the College expressed appreciation of his useful and eventful life, and the loss of a genial and wise member and officer, as well as testimony to his honor and worth as a citizen, pharmacist and friend.

Charles E. Dohme

Charles Emile Dohme, who was President of the Maryland College of Pharmacy from July 8th, 1897 to July 31, 1904, was born in Oberkirchen, Germany, on March 12, 1843 and died in Baltimore on December 7, 1911. He came to this country with his parents in 1851, where he attended Knapp's Institute in Baltimore and graduated from the Maryland College of Pharmacy in 1862. He received the Master of Pharmacy degree in 1871 from his *alma mater*.

Mr. Dohme obtained a position as a clerk in the pharmacy of George L. Kidwell & Son, Georgetown, D.C. and subsequently went with Andrews and Thompson of Baltimore, with whom he remained until 1866, when he was admitted as a partner in the firm of Sharp & Dohme. There his influence soon made itself felt in a signal manner. A large part of the apparatus needed in the various processes had to be devised, and in this work he developed an extraordinary resourcefulness, aiding in the production of a previously unattained perfection of pharmaceutical products.

He became a member of the American Pharmaceutical Association in 1863. He was local secretary in 1889-1900, Second Vice-President in 1890-91, First Vice-President in 1895 and President in 1898. For twelve years he was President of the Council of the A.Ph.A. In 1900



DR. CHARLES E. DOHME

he was elected a member of the Board of Trustees of the U.S.P. Convention, and became Chairman of the Board in 1901, sharing in the work of bringing out the Spanish translation of the *Pharmacopoeia*.

Mr. Dohme took a great interest in the scientific and ethical sides of pharmacy. He identified himself closely with the Maryland College of Pharmacy. He supported it freely, using his influence to bring about a raising of standards and encouraging young men who showed special promise. Besides, he sought to establish cordial personal relations with the faculty, the members of the College and the students, and, on numerous occasions, gave receptions at his home, which were notable for their enjoyable character. He was President of the Maryland College of Pharmacy at the time it became a department of the University of Maryland (1904).

Mr. Dohme was very sociable. He was an active member of the Baltimore Drug Trade Bowling Club, and of the Germania Club, the leading German club in Baltimore. He traveled extensively in this country and abroad. He

was a great reader, notwithstanding his active professional career and business life, and he possessed an intimate acquaintance with the thousands of books in his private library. He was a liberal patron of the arts and rarely missed a performance of grand opera or a high class concert. His love of music lead him to join the Mount Vernon Methodist Episcopal Church choir, and he was one of the organizers of the old Oratorio Society, in whose programs he took an active part.

He was of large frame and stature, over 200 pounds, with a broad face, massive forehead, thick black hair and mustache and a florid complexion. He was deliberate of motion, responsive, capable and efficient in any undertaking, had considerable magnetism, was of cheery, easy disposition, and was willing to impart helpful knowledge. Truly a great man in business and society, Mr. Dohme was revered by many who knew him.

125TH ANNIVERSARY

The School of Pharmacy is now one hundred and twenty-five years old, dating from January 27, 1841, when the Charter of the Maryland College of Pharmacy was granted at Annapolis, Maryland, and signed by Governor William Grason.

The Fiftieth Anniversary Celebration of the Maryland College of Pharmacy was held at noon in the old Academy of Music, April 17, 1891, with the reception at the college building and the banquet at night at the Eutaw House. A large delegation, including prominent educators from Philadelphia and New York, was in attendance. At this time the Alumni presented the College with two hard-wood cases and books for the College library.

Many graduates of the School of Pharmacy and members of the Alumni Association recall with pleasure the happy occasion of the celebration of the One Hundredth Anniversary of the founding of the School on June 4 and 5, 1941, at the Emerson Hotel, with an Academic Convocation; with sessions on

Education and Science in the College building at 32 South Greene Street, Baltimore; together with lunches, receptions and Alumni Banquet and entertainment for the ladies.

The present generation of pharmacists will likely delve into the past and present history of the School of Pharmacy and provide the One Hundred and Fiftieth Anniversary for reflection and enjoyment.

The annals of pharmaceutical history will record the names and work of many past and present-day teachers and graduates of the School, including the organizers and pioneers in thought and practice—those who brought the School to eminence in prestige and position—including nine prominent Presidents of the American Pharmaceutical Association and seven Deans of Schools of Pharmacy, making the influence wide in scope and reflecting the soundness of the education provided, and thus bringing honor to the profession. The pharmacists of Maryland, especially the graduates of the School of Pharmacy, should be proud of their heritage.

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Current Status of Measles Vaccine

by MERRILL J. SNYDER, Ph.D.*

Measles cannot be looked upon as an innocuous childhood disease. Incidence of crippling and even fatal complications, when viewed as percentage of cases, may not seem frightening but, when transposed into actual numbers of children, becomes awesome. Despite the widespread use of gamma globulin as a prophylactic agent after exposure, 440 deaths in the United States due to measles were reported in 1964. In Rhode Island alone, from January 1964 to June 1965, at least 181 children were hospitalized because of measles and its complications with an average hospital stay of 9.5 days at a cost of over fifty thousand dollars! In less fortunate nations five to 10% or more of cases may die.

Practical vaccination against measles is owed to the attenuation of measles vaccine of Enders and his associates (the same Enders who paved the way to polio vaccine — a double debt, indeed). Since licensure for general use in 1962, over eleven million doses have been distributed, enough vaccine to immunize almost all children born in the United States during this period. These vaccines have been of three types — inactivated virus vaccine, attenuated live virus vaccine (Edmonston) and live vaccine made from a further attenuated strain (Schwarz). The availability of multiple types and, in addition, several methods for their administration perhaps has produced some confusion.

The inactivated vaccine requires a series of injections to produce antibodies in most recipients which are often relatively short-lived. To provide immunity of longer duration, live vaccine has been given after two doses of inactivated vaccine. The usual drawbacks of multiple visits for vaccination and the occurrence of occasional dis-

tressing local reactions at the site of attenuated virus administration make this method less desirable.

Living Virus Vaccines

Left to us then are the living attenuated virus vaccines, Edmonston and Schwarz strains. A single dose of the former produces immunity of long duration, hopefully lifelong, but is frequently attended by symptoms. Fever is often produced and rash, less frequently. Although these cause concern to parents when they occur, reassurance can be given that these manifestations are transient without residua.

Somewhat lower incidence of generalized reaction occurs with similar use of the Schwarz strain. The further attenuation of this strain from the parent Edmonston type has altered its immunogenicity. A progressive decline in antibody has been evident in the post-vaccinal years. This vaccine has not been in use long enough to determine whether loss of resistance to infection will result. The merits of slightly reduced reaction incidence must be weighed against the possibility of diminished immunity. This appraisal need not be made by the physician since the use of gamma globulin concomitantly with the administration of Edmonston vaccine will reduce the chances of a marked febrile reaction.

The use of a living vaccine demands special precautions. Firstly, it should not be given to children with leukemia, lymphomas, or other generalized malignancies; children receiving any therapy that may depress resistance such as steroids, antimetabolites, irradiation, etc.; and patients with acute respiratory or other febrile diseases. Until more is known of the effect of the vaccine virus upon the fetus, vaccine should not be administered during pregnancy—it is doubted that there is indication for adult administration in

*Associate Professor of Medicine in Clinical Microbiology, University of Maryland School of Medicine.

any event. Secondly, antibody can interfere with the multiplication of the attenuated virus. Children who have had blood transfusions or gamma globulin within six weeks should have measles vaccination deferred.

In children under 12 months of age there is some reduction in take rates which vary inversely with age until the first birthday because of passively acquired maternal antibody. When gamma globulin is administered concomitantly to reduce the chance of reaction, dosage instructions should be carefully followed. Thirdly, the viability of the virus in the vaccine must be preserved and instructions as to storage, rehydration and use should be rigidly enforced. An outdated or improperly stored vaccine may give a false sense of security which could be dangerous.

Although allergic sensitization or reaction in the already hypersensitive patient has rarely been encountered

with the use of measles vaccine, specific instructions for avoiding and minimizing untoward reactions should be followed. Precautions vary with the nature of the cell line in which the virus has been cultivated and the antibiotics that may be present in the final preparation. Expectation that a proportion of the children will have a febrile response between the fifth and twelfth day may develop a complacency toward unassociated illness during this period. This should be avoided. Transmission of vaccine virus to other susceptibles does not occur.

The attenuated living virus vaccine has proven effective in protecting greater than 90% children receiving either vaccine alone or with coadministration of gamma globulin. This resistance is long lasting. Measles should no longer be a "usual childhood disease." Only apathy prevents this goal.

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APhA Annual Meeting to Feature Outstanding Speakers and Entertainment

Headline speakers have been announced for the Annual Meeting of the APhA to be held in Dallas, Texas, April 24 through 29.

James L. Goddard, M.D., newly-installed Commissioner of the Food and Drug Administration, will acquaint registrants with the objectives and procedures the FDA will pursue under his leadership. He will speak at the Wednesday afternoon General Session, April 27.

Also addressing that session will be Dr. George Gallup, President of the American Institute of Public Opinion, discussing ways to determine the past, present and future public image of the pharmacist, as well as Dr. George James, President of the National Health Council. Also, Representative Thomas B. Curtis (D. Missouri), a senior member of the House Ways and Means Committee, will address the Wednesday afternoon session on the fiscal position of the U. S. Government and its direct relationship to the everyday lives of all practicing pharmacists.

Addressing the House of Delegates session on Monday, April 25, will be C. Joseph Stetler, President of the Pharmaceutical Manufacturers Association.

More than 400 other speakers will present addresses, reports and commentary at the various sessions of the APhA academies, sections, and affiliated and related organizations.

On the social side, one of the most varied entertainment programs ever pro-

vided has been scheduled. Preceding the opening exercises on Sunday evening, April 24, all registrants will be able to hear and enjoy the unique piano artistry of young Peter Nero; Mr. Nero's appearance will be courtesy of Pfizer Laboratories and J. B. Roerig and Co., division of Chas. Pfizer, Inc.

On Thursday, April 28, organist Marion Snyder, well-known Dallas television artist, will play at the annual banquet.

An outstanding event of the 1966 meeting will be a Texas-style barbecue and rodeo at Mansfield on Tuesday evening. Walter Jetton, who has been proclaimed "The kingpin of the barbecue men" by the *Saturday Evening Post* and author of the new *LBJ Barbecue Cook Book*, personally will be dishing out his world-famous hickory smoked barbecue beef and chicken with smoked ranch beans, country potato salad, Texas cole slaw, sour dough biscuits, fried fruit pies and "six-shooter" coffee. During this meal, a pre-rodeo show will begin in the closed Kow Bell Arena at Mansfield, followed by the fast-moving Jack Ratjen rodeo.

For the ladies who register, there will be a tour of Dallas, the traditional Women's Auxiliary brunch and a most unusual luncheon and fashion show, Wednesday noon, April 27 at The Apparel Mart.

Numerous other social events are being scheduled.

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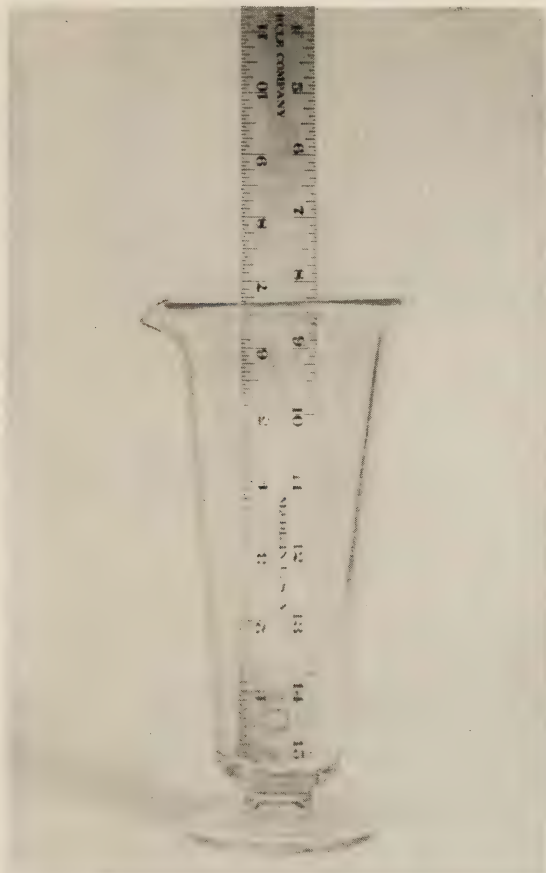
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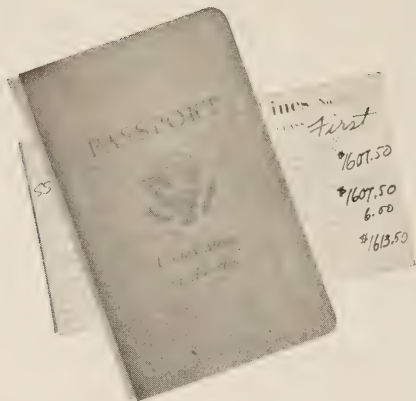
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George H. A. Kommalan, Board Advisor
L. Scott Grauel

Volume 24.

JANUARY 1966

No. 3

TAMPA Meeting

by Joe Hugg

TAMPA'S first meeting of 1966 was held at the Penn Hotel in Towson and was attended by a record crowd of 49 members and guests. Among the honored guests were Mr. Nathan Gruz and Mr. Frank Barrott, Commander of the American Legion of Baltimore County. The usual social hour was from 12 to 1, and luncheon was served promptly at one o'clock.

The members were advised that TAMPA had acted in the true Christmas spirit by responding to a problem publicized in the local papers before Christmas. It was reported that a crippled, needy individual whose only method of transportation was a bicycle had been deprived of his mode of transit by a thief. Responding promptly to the news item, TAMPA's Sheeler Read, Lou Rockman, and President Herman Bloom sprang into action. A visit was made to the home of the individual to ascertain the actual need, which was followed by a hurried trip to a local department store to make the purchase, to the warehouse to pick up the bike,

and finally, delivery to a most appreciative person. All TAMPA members should feel proud of their Association and the manner in which it acted in this instance.

Following lunch, the usual committee reports and the report from Secretary-Treasurer, Mr. John Crozier, were all given with dispatch, and received approval from the membership.

Mr. Frank Barrott, our guest speaker, talked briefly as an introduction to the subject of the day, Vietnam. Mr. Barrott presented two 16mm sound films, one of which had just been released by the Pentagon and had never been shown publicly before, TAMPA was the first non-military group to view the picture, which was titled "Sand and Steel". The film vividly showed U. S. Marines landing in Vietnam and setting up an air field in what had been a waste area of sand dunes. The second film, titled "War Within A War" dealt more with phases of the war other than the shooting phase, and Mr. Barrott pointed out that our presence in Vietnam is not only to participate in a shooting war but also in an ideological war for the hearts and minds of people.

The second film showed the effort of America's fighting men and other organizations, such as CARE, are waging in that war. In his closing remarks, Mr. Barrott called for all members of TAMPA and all Americans to stand up and take part in operation "Show Your Colors". This is done by wearing American Flag Lapel Pins which are available free of charge from the American Legion. This was an excellent meeting and was thoroughly enjoyed by all.

We are always happy to hear of progress being made by a TAMPA member. We are happy to report that this time Past-President Richard Crane, a loyal TAMPA member, was recognized by the Medical and Chirurgical Faculty of the State of Maryland. He was appointed as one of only two lay-members, plus two physicians, who constitute the Subcommittee on Exhibits of the Faculty, and will serve as a member of the Committee for the 1966 Annual Meeting. This is a definite recognition of Dick's loyalty and outstanding ability and all TAMPA members offer congratulations.

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* * * *

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* * * *

L.A.M.P.A.'s Honorary President

Ethel Raichlen

Mrs. Samuel Raichlin is a small woman who does a big job. Not only is this true for L.A.M.P.A., but for the other phases of her life—especially that concerning her family.

Married 38 years to Sam, Ethel Raichlin is the mother of three fine children, Sonny, Fred, and Linda, and loving keeper to a 12-year-old canine called Inky.

Her hobbies include knitting, sewing, cooking, reading, and, especially shopping, at which she has earned the reputation of being an expert. She is described by an appreciative family as using "a built-in radar system" to ferret out bargains.

Mrs. Raichlin can be found at home any morning before ten (waiting, it is said, for Mr. Fortune to phone) but, when she gets into the car and heads down the expressway, might very well be the first person ticketed for driving below the minimum speed limit. At present, she is extremely involved in the plans for daughter Linda's June wedding, but no one who knows Ethel Raichlin expects her to do the relaxing which might theoretically follow such an event.

She will, according to one of her colleagues, be "active, interested, and busy as ever—doing good and helping wherever she can."

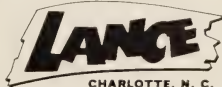


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EX-OFFICIO

PRESIDENT'S MESSAGE

Since my installation as President, I have been visiting many pharmacies in the metropolitan area. I thank the many pharmacies who have taken time from their busy routine to talk with me.

Problems we have by the score: Directed prescriptions, dispensing doctors, discount pharmacies, grocery pharmacies, green stamps, competition; you name it . . . we have it.

Although most pharmacists had complaints, those who lamented the least were those who have made an effort to adjust to the new economy. Competition in many cases has stimulated the pharmacist to rearrange, remodel, repaint, redisplay, put new lighting fixtures inside and outside, and to provide parking.

Our Association is planning a public relations program which will direct the public to the independent community pharmacy. Look at your store through the objective eyes of the shopper. As a customer, would you want to shop in your store? Now is the time to re-evaluate your store operation.

The ease with which your customer can shop, the presentation of new departments and ideas, the newness and brightness of your merchandise, does and will have a definite impact on your patrons, and on the success of our advertising campaign. Your cooperation is the most important ingredient for a successful program.

Sincerely,

JEROME A. STIFFMAN
President

Your New B.M.P.A. President

Jerome A. (Jerry) Stiffman, newly elected President of the Baltimore Metropolitan Pharmaceutical Association, was born in Richmond, Virginia, raised in New York City and, later, Cumberland, Maryland. His family moved to Baltimore and Mr. Stiffman graduated from Baltimore City College in 1931. He is a 1934 graduate of the University of Maryland School of Pharmacy.

Extremely active in B.M.P.A., he is well-known to his colleagues, having served on many committees and given untrillingly of his time. Mr. Stiffman has, since 1949, been the co-proprietor of the Edison Pharmacy on East Oliver Street.

Lesser known aspects of Jerry Stiffman include the fact that he is a former fencing champion of the District of Columbia and has been an instructor in the sport both at City College and the Y.M.C.A., and that he is a skilled builder of model railroads.

Mrs. Stiffman, who runs a special department at Edison Pharmacy herself is an active member of L.A.M.P.A. and



President Jerome Stiffman awards Past President's Plaque to Marion Chodnicki

works hard for the Azoans. She is the former Judith Kurland.

This versatile and active couple are proud of their accomplished offspring, son Alexander, a Hopkins graduate who is an accountant, and daughter, Mrs. Paula Goren, who now attends graduate school at the University of California's Berkeley campus after graduating with honors from Hood College in Frederick, Maryland.

President Stiffman plans an active program for the pharmacists of the Greater Baltimore area in 1966.

—O—

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B.M.P.A. Installation Dinner . . .



Seated, left to right: Herman Bloom, Donald Fedder, Ferdinand Wirth, Alexander Ogrinz.
Standing: Dean Noel E. Foss, Francis Balassone, Morris Walman, Joseph Okrasinski, Max Krieger, Irvin Kamanetz, Marion Chodnicki, Sam Goldstein.



Left to right: Norman J. Levin, Simon Solomon, Alexander Ogrinz, Victor Morgenroth



Featured Speaker,
Dr. Wm. Apple



Left to right: Mrs. Charles Austin, John Crozier, Mrs. Frank Block, Mrs. Sadie Wagner.

B.M.P.A. Holds Installation Dinner Meeting

The Baltimore Metropolitan Pharmaceutical Association held its installation dinner meeting on Thursday, January 18, at the Emerald Gardens. It was jointly sponsored by B.M.P.A. and the Paramount Photo Service, and dues-paid members were guests of the two sponsors.

Cocktails with hors d'oeuvres were served between 6:30 and 7:30, followed by an elegant, four-course dinner. The featured speaker of the evening was Dr. William S. Apple, Executive Director of the American Pharmaceutical Association.

The new B.M.P.A. President is Jerome A. Stiffman. James C. Davis is the Honorary President and the four Vice Presidents are, respectively, Ferdinand F. Wirth, Jr., Donald O. Fedder, Joseph H. Morton, and Bernard B. Lachman. Nathan I. Gruz was re-elected Secretary, while Melville Strasburger and Charles E. Spigelmire retain their posts of Secretary Emeritus and Treasurer.

Retiring B.M.P.A. President Marion R. Chodnicki will chair the Executive Committee for the coming year. Serving out their terms on the Committee are Irvin Kamenetz, Nicholas C. Lykos, Anthony Padussis and Milton Sarubin, while members elected for a two year term are Max A. Kriger, Joseph L. Okranski, Jacob L. Richman, and Morris R. Walman. Ex-Officio members are Francis S. Ballassone and Dean Noel E. Foss.

Baltimore Veteran Druggists' Association

The Baltimore Veteran Druggists' Association monthly luncheon meeting was held January 19 at the Baltimore Union.

1966 officers of the group were installed. They are Robert Wooten, President; L. M. Kantner, Vice-President, and Noel E. Foss, Secretary-Treasurer.

Birthday celebrations were those of fraters Warren and Keppler.

Wedgewood Club

Secretary-Treasurer Joseph J. Hugg of the Wedgewood Club has announced that the following pharmacists were elected to membership at the Annual Business Meeting held January 27: Alfred E. Callahan, Joseph Francik, Robert A. Williams and Ferdinand F. Wirth. Named as Honorary Members were Morris L. Cooper, Joseph L. Combs, Jr. and Arthur P. Shields.

The following committees were elected to serve until the next business meeting, which will be in January, 1967:

Nominating: Laurance A. Rorapough, Chairman; Joseph Johnson, Jr. and Mathias Palmer

Executive: Frank L. Swiss, Chairman Samuel P. Jeppi and Charles Becker

Membership: Leo L. Rettaliata, Chairman; John A. Crozier and Harry L. Schrader

Auditing: Paul G. Gaver, Chairman; Richard R. Crane and Herman J. Bloom.

—O—

Maryland Association of Hospital Pharmacists

The January meeting of the Maryland Association of Hospital Pharmacists was held at the Officers' Club of the Walter Reed Army Medical Center in Washington, D.C. on January 20, 1966.

A cocktail and dinner party sponsored by Geigy Pharmaceuticals preceded the business meeting. The guest speaker was Dr. George Archambault, Chief of the U. S. Public Health Service's Pharmacy Service.

Installation of officers for 1966 was held. They are: Sidney Burger, President; Paul Le Sage, Vice President; Mary W. Connelly, Secretary-Treasurer and Bernard Cohen, Program Chairman.

Maryland Board of Pharmacy

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Secretary

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PHARMACY CHANGES

New

Bel-Air Apothecary, Inc., D. Bradenbaugh & J. Conrad, Props., 323 S. Main Street, Bel Air, Maryland.

North Arundel Hospital Pharmacy, Wilfred T. Azar, Pres., Hospital Drive, Glen Burnie, Maryland.

Change of Ownership, Address, Etc.

W. H. Clarke & Company, Minor J. Kavanaugh, Prop., 147 Market St., Pocomoke City, Maryland. (Formerly owned by Frank M. Shaw, Prop.)

Dolfield Pharmacy, Arnold Blaustein & H. Pollack, Props., 3529 Dolfield Avenue, Baltimore, Maryland 21215. (Formerly owned by Alvin Rosenthal, Prop.)

Capitol Heights Pharmacy, Inc., Mayer N. Freed, Pres., 6112 Central Avenue, Capitol Heights, Maryland. (Changed from partnership to a corporation).

Hollywood Drugs, Inc., Leon Rosenberg, Pres., 9925 Rhode Island Avenue, College Park, Maryland. (Changed from partnership to a corporation).

No Longer Operating As A Pharmacy

W. Harry Smith & Son, M. T. Windsor, Pres., 4022 Edmondson Avenue, Baltimore, Maryland 21229.

Heck's Pharmacy, Henry Homberg, 900 N. Patterson Park Avenue, Baltimore, Maryland 21205.

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Howard, Leonard C., Jr. !

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Ricci, John R.

Parents—E. Rutheford, N.J.

Wife—West Hyattsville, Md.

Sohmer, Herbert M.

Welsh, Patrick J.

Wolff, Martin W., Jr.

Fourth Year:

Cohen, David

DeNeale, Richard J.

Washington, D.C.

Grabush, Arnold F.

Shnidman, Meira K.

Toronto, Canada

Trost, Patrick E.

Cumberland, Md.

Fifth Year:

Daily, John W.

Westernport, Md.

Edmondson, William H.

Adelphi, Md.

Erdman, Sheldon N.

Martin, Lawrence L., Jr.

Pincus, Jack H.

Via, David M.

Wainer, Myron

—O—

New Faculty At School of Pharmacy

Added to the faculty of the University of Maryland School of Pharmacy for the current academic year are:

Dr. Kenneth Euler, Ph.D., who earned his degree at the University of Washington, and who is Assistant Professor of Pharmacognosy;

Dr. Carl Drierer, Ph.D., who, after taking his degree at Purdue University was named Assistant Professor of Pharmacology;

Dr. Elie Abushanab, Ph.D., now holding the post of Assistant Professor of Chemistry, after earning his doctorate at the University of Wisconsin.



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U.S. Pharmacists Invited to Participate in Pan American Congress

U.S. pharmacists are invited to participate in the Seventh Pan American Congress of Pharmacy and Biochemistry to be held in Buenos Aires, Argentina, November 26 through December 3, 1966.

Lee E. Eiler, a member of the Council of the American Pharmaceutical Association, and Dayton, Ohio, community practitioner, has been elected to serve as Chairman of the Section on Pharmacy of the Pan American Federation of Pharmacy and Biochemistry. He thus becomes the second U.S. pharmacist to serve on the Directing Council of the Federation. A.Ph.A.'s Communications Division Director, George B. Griffenhagen, is First Vice President of the Federation.

The A.Ph.A. has been invited to organize a special session on the "Function of the Pharmacist in Public Health", and U.S. pharmacists are invited by Secretary General Santiago Celsi to contribute papers to the sections, which include pharmaceutical practice, history, legislation, education, industry, technology, pharmaceutical chemistry, pharmacognosy, phytochemistry, microbiology, bromatology and biochemistry.

—O—

Drugs for State of Rio

Maryland this month responded to a call from its "sister state" in Brazil for a shipment of medication for victims of a flood disaster which hit there. It had been learned during a short-wave radio conversation with the disaster area on January 15 that nearly 250 bodies had been found and that 5000 persons were without shelter in the rain-soaked, ravaged area.

Even before the arrival of the shipment, which was delayed for 48 hours by a technicality in clearance papers in New York, Ronald Hees, a Brazilian who is the coordinator for this phase of the Alliance for Progress program, thanked Marylanders for their help, especially Dr. Matthew Tayback, Deputy City Health Commissioner and Chairman of the Maryland Partners of the Alliance; Albert Berney, Chairman of the Maryland group, and Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association. They were largely responsible for the 15,000 doses of penicillin and tetracycline sent to Rio.

These general purpose antibiotics which were donated by E. R. Squibb & Sons and Lederle Laboratories, are especially effective against respiratory disease which could develop into pneumonia and intestinal diseases which could develop into dysentery.

—O—

Support Your Associations

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AphA to Introduce Nursing Home Service Film Strip, Recording

A film strip and tape recording explaining pharmaceutical services in nursing homes will be introduced at the annual meeting of the American Pharmaceutical Association's Academy of General Practice of pharmacy on April 25 in Dallas, Texas.

The film will be available afterward from the Academy and Roche Laboratories for pharmacy group and nursing home administrator presentations. Representatives at a recent A.Ph.A. headquarters planning session for the project included the American Medical Association, American Nursing Home Association, American Society of Hospital Pharmacists, McKesson & Robbins, Inc., National Association of Boards of

Pharmacy, Roche Laboratories, U.S. Public Health Service, U.S. Social Security Administration, U.S. Welfare Administration and several community pharmacist advisors.

Roche Laboratories has provided an \$11,000 grant to the Academy for the project. The film strip will explain how to establish pharmaceutical services in a nursing home, the responsibilities of the pharmacist, and federal and state standards and laws—with special emphasis on the Social Security Amendments of 1965. For distribution with the film and tape recording, a revision of the booklet "Pharmaceutical Services in the Nursing Home" is in progress.

—O—

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Sundial Dedicated to Amelia C. DeDominicis

In ceremonies at the Hugh Mercer Apothecary Shop in Fredericksburg, Virginia, a sundial was dedicated in memory of Miss Amelia C. DeDominicis (1909-1963).

The Apothecary Shop is the sole project of the Friends of Historical Pharmacy and is maintained as it was some 200 years ago. Hugh Mercer, an early American pharmacist, practiced his profession in this shrine prior to the Revolution. In that war, he was killed after attaining the rank of General.

Miss DeDominicis was very interested in the maintenance of the Hugh Mercer Apothecary Shop. She was instrumental in obtaining financial support for the restoration of the pharmacy from the Women's Auxiliary of the American Pharmaceutical Association. Miss DeDominicis was associated with projects on behalf of the shop for some six years before her death.

The sundial, given by the DeDominicis family, is mounted on a brick pedestal in a garden behind the restored pharmacy. On hand for the ceremony were members of the DeDominicis family and friends.

A native Baltimorean, Amelia C. DeDominicis was graduated from the University of Maryland School of Pharmacy in 1931, receiving simultaneously the Graduate in Pharmacy and Bachelor of Science diplomas. She was awarded the Master of Science degree in 1932.

She was a member of the University's faculty and served in the botany and pharmacognosy department as an assistant (1932-1937) and instructor (1937-1942). In 1942 she resigned from the School of Pharmacy to become a chemist in the Bureau of Laboratories of the Maryland State Department of Health.

Miss DeDominicis was a charter member of the Epsilon Chapter of the Lambda Kappa Sigma Pharmaceutical Sorority (School of Pharmacy, University of Maryland), and the editor of the Blue and Gold Publication of this organization for ten years. She was also, at one time, the grand president of the sorority.

Her interests in pharmacy were further exemplified by membership and committee work in the Women's Auxiliary of the American Pharmaceutical Association.

—B. F. Allen

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CONTEMPORARY GREETING CARDS

Area Pharmacist Spokesman for 'Hangover Pills'

It was reported recently that Irving I. Freed, proprietor of the Brookfield Pharmacy in Baltimore, is the spokesman for a group of scientists who devised a formula for curing hangovers. Contrary to the kind of opinion represented by Rutgers University Center on Alcohol Studies which refutes the possibility of easing such problems, Dr. Fried's group claims it has pills which work and which have been tested on "hundreds of college students, laborers and professional people . . . since 1961 . . . with good results."

Mr. Fried, a past president of the Baltimore Chapter of the American Pharmaceutical Association, describes the product as being aimed at the "social drinker" and not chronic alcoholics. The latter patient could suffer kidney trouble from overuse, he stated.

Mr. Pannill Made Real Estate Manager at Peoples

William E. Pannill, an MPA member, has been named Real Estate Manager of Peoples Drug Stores, Inc., as part of their recent executive changes, as announced by President George Burros.

This appointment was part of a seven-executive shift made recently by the firm.

Dr. Goddard is new FDA Chief

Dr. James L. Goddard has been named by President Johnson as the new Commissioner of the Food and Drug Administration. Dr. Goddard who, until his new appointment, was Assistant Surgeon General of the U.S. Public Health Service, succeeds George P. Larrick, who recently retired from the post.

The new Commissioner is a graduate of the George Washington University School of Medicine and has spent 14 years in public health work. He has held his present post, which is specifically involved with the P.H.S.'s Communicable Disease Center in Atlanta, since 1962.

Dr. Goddard is the first F.D.A. chief to be chosen from outside the agency in its 60 year history.

Baltimore Pharmacist Named To Peace Corps

Miss Pearl Chan, a 1958 graduate of the University of Maryland School of Pharmacy, has been named a Peace Corps Volunteer, after having completed 12 weeks of training at the University of Texas.

She left early this month for Morocco, where she will work in hospital, sanatorium and public health laboratories throughout the North African country.

Miss Chan had been employed at Burris and Kemp before joining the Peace Corps.

SPRING REGIONAL MEETING

Thursday, April 14, 1966

TURF VALLEY COUNTRY CLUB

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Etrafon—A Major Psychotherapeutic Agent

A broad-spectrum psychotherapeutic agent, representing a new approach to the management of emotional and mental disorders, has been marketed by the Schering Corporation.

Its name is Etrafon, a combination of Trilafon (perphenazine), a tranquilizer, and amitriptyline hydrochloride, an antidepressant. The drug was conceived to permit the more comprehensive treatment of both outpatients and hospitalized patients with neuroses or psychoses in whom anxiety and depression frequently are present simultaneously.

Indications include depression and anxiety which cannot be differentiated easily, the presence of anxiety and/or agitation (moderate or severe) and depression, the presence of depression with coexistent anxiety and/or agitation (moderate or severe), anxiety or depression associated with chronic physical disease, schizophrenia, with associated symptoms of depression; it is noted in the latter instance that the use of Etrafon makes it possible to reduce the number of electroshock treatments in some patients.

Both main ingredients are regarded as having a minimum of serious side effects.

—O—

Cheracol D*

The Upjohn Company has announced a new nonnarcotic cough syrup for over-the-counter sale. Neither a prescription nor narcotic registration is required. Cheracol D differs from the already known Cheracol formulation in that dextromethorphan hydrobromide replaces codeine phosphate, and glyceryl guaiacolate replaces potassium guaiaolsulfonate.

It is available in two-ounce and four-ounce bottles.

—O—

Tests for Rheumatoid Arthritis

A three-minute screen test and a diagnostic titration set have been developed by Wampole Laboratories. The new units, which require no special equipment and take only minutes to set up, enable the physician and laboratory technician to make a quick and more accurate diagnosis of rheumatoid arthritis.

These techniques have been endorsed by two physicians from the Chicago area, whose report appeared in the June, 1965 issue of *The American Journal of Clinical Pathology*; it stated that "The eosin slide test (R-3) proved to be economical as well as simple, and seems to be ideally suitable for screening purposes."

Wampole Labs stress the efficacy of their new procedures in the light of the fact that there are five million known sufferers and countless unknown people who have rheumatoid arthritis, and since previously available diagnostic methods have not been practical because of cost and complexity, as well as an extended time factor.

—O—

Berocca Tablets

Roche Laboratories has just announced the introduction of Berocca tablets. Available on prescription only, the tablets provide generous amounts of the major B-complex vitamins, including folic acid. In addition, Berocca tablets contain therapeutic quantities of vitamin C—essential in the anabolism of carbohydrates and protein as well as in tissue repair and collagen formation.

Berocca tablets are indicated for supportive nutritional supplementation in conditions where water-soluble vitamins are required prophylactically or therapeutically. They are recommended for pre- and post-surgical patients, alcoholic patients, the chronically ill, patients suffering from infectious diseases or debilitation and others in whom vitamin supplementation is indicated.

Antidote For Pesticide Poisoning

Protopam Chloride, a drug which can save—and already has saved—the lives of victims of overexposure to pesticides or chemicals of what is technically termed the phosphate ester class, is now being marketed.

Ayerst Laboratories has provided emergency supplies of the antidote without charge to all U. S. Poison Control Centers, as a public service. It is potentially an antidote for so-called nerve-gas poisoning, also.

The company has undertaken this public responsibility since there appears to be, at present, no governmental or other agency for making certain that this, or any other antidote, is obtainable in immediate proximity no matter where a victim may be affected.

This type of poisoning is characterized by a continual uncoordinated twitching of the muscles, which finally become paralyzed; when the paralysis reaches the chest muscles, thereby inhibiting breathing, it is of course fatal. A physician's injection of Protopam Chloride in the early stages of this poisoning can save the life.

—o—

Steroid Relieves Hay Fever

Commenting in the *British Medical Journal* (11:864), Dr. B. Y. Marshall of Surrey, England, stated that his experience with methylprednisolone (marketed in this country as Depo-Medrol by the Upjohn Company) showed it is the best treatment currently available for hay fever.

Sneezing and wheezing stopped or was greatly reduced in about 80% of the 100 or more hay fever sufferers treated over a four-year period with a single injection of the well-known steroid.

A high rate of patients now come back each year for repeat injections, according to Dr. Marshall.

—o—

Rabies Vaccine

The National Institutes of Health has approved use of duck-embryo, killed-virus rabies vaccine for pre-exposure immunization of those in "high risk" groups. The vaccine, produced by Eli Lilly and Company, is the only one recommended for such use. It is considered safe because its duck-embryo origin greatly reduces the serious problem of isoallergic encephalomyelitis and neuromuscular reactions which can be caused by the "paralytic factor" found in Pasteur-type vaccines.

It is said that the Lilly vaccine provides a faster antibody response than those made from brain tissue.

In addition, the packaging of the rabies vaccine has been changed to allow better utilization and economy. A new single-dose package has been substituted for the formerly marketed seven-dose kit.

The experiments on this product indicate that over 80 percent of immunized individuals have obtained sufficient blood-level protection against rabies within one month after completion of either of the two recommended dosage schedules. In cases of severe exposure (bites from animals thought to be rabid or deep bites on the head, neck, face, or arm) the complete post-exposure fourteen-dose immunization is recommended.

—o—

The American Dental Association has found that children under four years of age have an average of three teeth needing fillings.

American Blue Cross membership has soared past the 60 million mark.

Lead paints taste like candy and are poisonous if swallowed in small doses over a period of time.

Always turn on the light when giving and taking medicines. Many containers look and feel alike in the dark.

OBITUARIES

Benjamin A. Kriger

Benjamin A. Kriger, who practiced pharmacy in the Baltimore area for over 46 years, died January 6 at Sinai Hospital. He was 67. Mr. Kriger had been operating the pharmacy at Charles and Centre Streets which bears his name, at the time of his death.

He was a graduate of the University of Maryland School of Pharmacy, class of 1918, and was a member of the Baltimore Metropolitan Pharmaceutical Association.

Mr. Kriger is survived by his wife, Gertrude M., two sons, Robert A. of Baltimore and Malcolm D. of New York, and three grandchildren.

—o—

Dr. W. H. Varney

Dr. William H. Varney, who attended the University of Maryland School of Pharmacy in the early 1920's, and who later went on to the Medical School and interned at University Hospital, died January 10 in Washington, New Jersey, where he had been practicing surgery.

—o—

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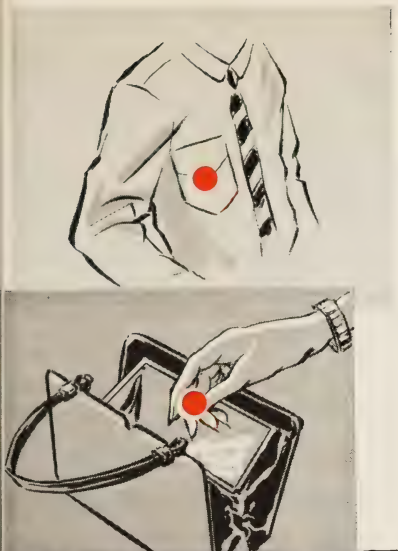
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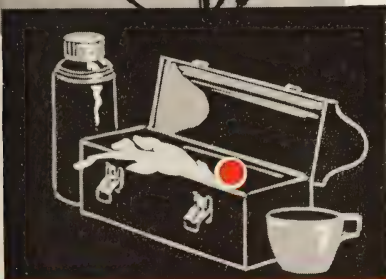
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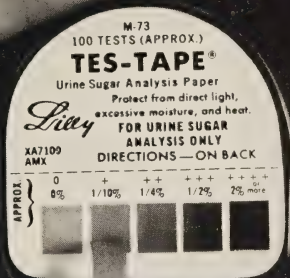
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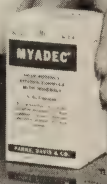
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLI

FEBRUARY 1966

No. 5

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PATRONIZE OUR ADVERTISERS

The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price \$5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 8, 1879

Editorial

By now, nobody in pharmacy must be surprised by seemingly revolutionary changes in our profession. It is time to realize that the only *constant* factor is *change*.

Among the prominent changes affecting the practice of pharmacy is the emergence of institutions such as hospitals and nursing homes as major factors affecting medical care patterns.

In the realm of hospitals, we see the hospital pharmacy advancing from a neglected basement room to a first floor, modern laboratory operation. The pharmacists have been upgraded to professional status and the pharmacy service recognized as a vital ancillary profession. The hospital pharmacist is a key person on the pharmacy and therapeutics committees which have been established at most hospitals.

The Federal Medicare program now requires all hospitals to set up pharmacy and therapeutics committees to pass upon pharmaceuticals to be used, other than those listed in the Official Compendia.

In addition, we have seen that nursing homes are not only increasing in number, but that those of greater bed capacity and with more comprehensive services are proliferating. With the passage of Medicare, we can see that the role of nursing homes in the community will increase in importance.

Expanding institutional medical care is creating both problems and opportunities for pharmacists. The Maryland Pharmaceutical Association has, therefore, set up a Committee on Institutional Pharmacy to meet the challenges of such change. Meetings have been held with hospital pharmacists, hospital administrators and representatives of nursing homes.

Our position is clear. We wish to insure that patients of hospitals and nursing homes receive the highest standard of pharmaceutical service. Hospital pharmacy services should not be routinely available to those who are not *bona fide* hospital patients. We insist that pharmaceuticals distributed to hospitals by manufacturers are not diverted. We insist that the discrepancy in prices charged to hospitals and community pharmacies be reasonable. Certainly the price differentials received by non-profit institutions should not be a means for unfair competitive advantage against community pharmacists who provide essential services to their neighborhoods.

In the matter of nursing homes, our professional responsibility requires us to demand the inclusion of a pharmacist's services in the furnishing of drugs to patients of nursing homes. These patients deserve the same safeguards in the compounding, dispensing and storage of drugs that the law guarantees to the public at large through licensed pharmacies.

One of the issues which has arisen in relations between nursing homes and pharmacies is the matter of compensation to nursing homes who furnish administrative services to pharmacies. Some nursing homes collect prescription charges from their patients on behalf of the dispensing pharmacy and feel justified in requiring compensation for this service. When this administrative charge for collection services is in line with that charged by credit collection firms, such as "Charg-It" or "NAC", one may consider this practice reasonable.

However, it is unethical, unprofessional and unlawful when this kind of relationship develops into a situation where an administrative fee is so unreasonable that it can be considered a rebate. Where medical care or MAA prescriptions are involved, there is absolutely no justification for payment of an administrative fee by a pharmacist to a nursing home.

With governmental agencies becoming more and more concerned with the operation of hospitals and nursing homes, we are confident that all responsible hospital administrators and nursing home operators, as well as all pharmacists—both hospital and community—will wish to avoid any possibility of further governmental supervision.

The Maryland Pharmaceutical Association is striving through inter-professional conferences to secure professional pharmaceutical services at every level, with a minimum of government interference.



GET THEM INTERESTED IN BECOMING MEMBERS

President's Message

Dear Fellow Members:

As the State Legislature completed its 1966 session, responsible pharmacists must wear a cape of frustration. Their entire legislative program was completely pigeon-holed in the Judiciary Committee and permitted to die. This defeat, however, must be only momentary because the success of the three bills could herald the return of pharmacy to its proper place among the professions.

At our next Executive Committee meeting, I shall request that these bills be directed to the Legislative Council for processing into the 1967 Legislature.

While the embers of our legislative program are still warm, let us look again at the laws we will require. The first bill is in two parts: that defining the "Practice of Pharmacy" in the most complete manner and encompassing the evolution of a drug from its origin to the ultimate user (the first definition including the vital distribution factor very necessary for proper law enforcement), and a second part defining a "Pharmacy," or the physical plant wherein the profession may be conducted. This too is a necessary factor for proper surveillance from a public health standpoint.

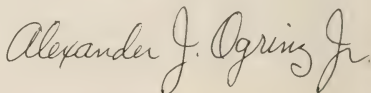
I should like to comment briefly on the above: nowhere within the State can there be found a definition which can be useful in textbooks, or implemented in legislative or judicial work. Whenever a legal question surrounding the practice of pharmacy arises, we must depend on the legal profession—and without pharmaceutical consultation. This is wrong and passage of this bill would correct the inadequacy.

The second bill would permit your State Board of Pharmacy to promulgate rules and regulations in accordance with the Administrative Procedure Act governing the practices of the profession, and would give tremendous stature to the profession in permitting it to govern itself. Pharmacy is the only profession in Maryland which does not have this privilege. Many pharmacists have expressed fears that the Board would have unlimited powers, but one need only review the process of promulgating a regulation with its many checks and balances to understand that only fair and necessary regulations could be proposed and enforced.

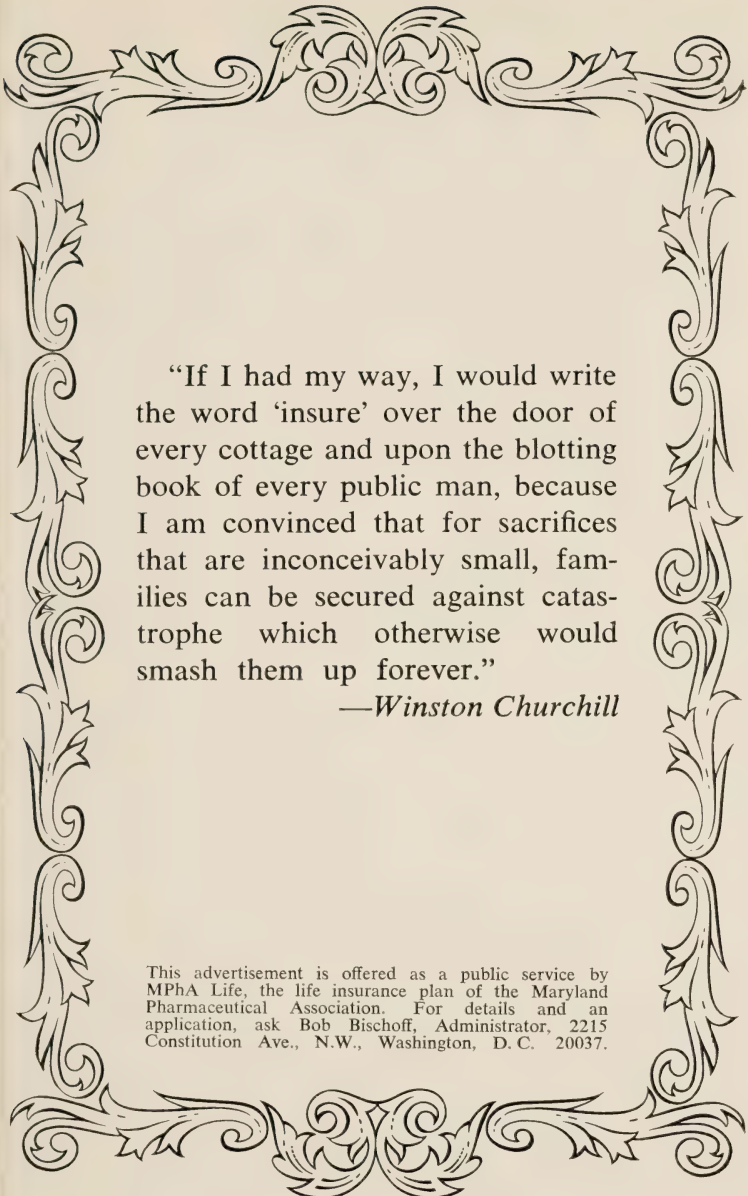
I will not dwell in detail on the "Advertising of Professional Services Bill" other than to say that this would treat the prescription in pharmacy in the same manner as the physician, lawyer or dentist treats his public image. An example of this may be found in the yellow pages of your phone book; check the listings of those professions against those of pharmacy.

Please remember this message when the State Legislature convenes in January, 1967. It could herald the beginning of the professional status in which you are proud to take part.

Sincerely,

A handwritten signature in cursive script, reading "Alexander J. Ogging Jr.".

President

A decorative border with symmetrical floral and scrollwork patterns, featuring acanthus leaves and stylized flowers, framing the central text.

“If I had my way, I would write the word ‘insure’ over the door of every cottage and upon the blotting book of every public man, because I am convinced that for sacrifices that are inconceivably small, families can be secured against catastrophe which otherwise would smash them up forever.”

—*Winston Churchill*

This advertisement is offered as a public service by MPhA Life, the life insurance plan of the Maryland Pharmaceutical Association. For details and an application, ask Bob Bischoff, Administrator, 2215 Constitution Ave., N.W., Washington, D. C. 20037.

Secretary's Script . . .

A Message from the Executive Secretary

Medical Care Prescription Fees Increased

The MPA's efforts to secure more equitable compensation for pharmacists dispensing medical care and MAA prescriptions have again borne fruit.

As a result of the continuing work of the MPA officers and Executive Committee, fees for pharmacy services will be as follows, effective July 1, 1966:

<i>Ingredient Cost</i>	<i>Pharmacist's Fee</i>
\$0.01 to \$3.99	\$1.00
\$4.00 or more	\$2.00

Supporting the efforts of MPA was the cooperation given by the local pharmaceutical associations who have been active in this field: Allegany-Garrett Counties, Baltimore Metropolitan Pharmaceutical, Eastern Shore and Prince Georges-Montgomery County.

Special credit goes to pharmacy's official representatives on the State level: Gordon A. Mouat, member of the State Council on Medical Care and Chairman of the Pharmacy Services Committee, which included pharmacists Francis S. Balassone, Donald O. Fedder, Nathan I. Gruz and Morris R. Yaffe. Important work was done by the MPA Health and Welfare Committee: Donald O. Fedder, Chairman; Victor H. Morgenroth, Jr., Gordon A. Mouat, Walter E. Albrecht, Morris R. Yaffe, William A. Cooley, Bernard B. Lachman, William J. Appel, Aaron M. Libowitz, Harold M. Goldfeder; Ex-Officio: Francis S. Balassone, Dean Noel E. Foss.

MPA Group Health Plan Is Tops

The Association's group Health, Accident and Major Medical Plan administered by the American Health and

Life Insurance Company has proven to be one of the most worthwhile of the Association's membership benefits. Not only is the premium a bargain in terms of protection provided, but the insurance firm, through its representatives, Roy Shumaker and Gordon Leatherman, have handled every claim in a most equitable manner. These men have gone out of their way to serve our members' interest.

American Health has now developed some plans for additional coverage at nominal cost which will meet any need for protection, including continued income, hospital and physician benefits. Details will be sent in the near future to all pharmacists.

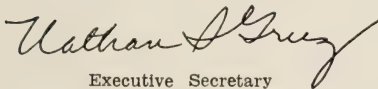
Some of our members who dropped the MPA plan for a supposedly better one offered by another group have returned to American Health after finding that our locally administered plan cannot be approached by any nationally sponsored policy. Before switching to or choosing any other insurance program, contact Mr. Shumaker at VE. 7-7561. You will be very glad you did.

Cole Museum Dedication May 19

The installation of cases in the foyer of the Kelly Memorial Building, MPA headquarters, marks the completion of Phase One of the B. Olive Cole Pharmacy Museum. Morris L. Cooper, Curator of the Cole Museum, is busy classifying and arranging pharmaceutical artifacts from the L. Manuel Hendler Foundation and memorabilia from the active career of Miss Cole.

The formal dedication will take place on Thursday, May, 19, 1966 in the Health Sciences Library Auditorium. Participating in the ceremonies will be Dr. John C. Krantz, who will deliver the tribute to Miss Cole and Dr. Albin O. Kuhn, Vice President of the University of Maryland for the Baltimore Campus, who will represent the University.

All alumni, as well as associates and friends of Miss Cole, are invited, so please mark your calendar now.


Executive Secretary

•

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Report of Public Administration Service and its Implications to Boards of Pharmacy

by

FRANCIS S. BALASSONE, President

National Association of Boards of Pharmacy

Mr. Balassone, Secretary of the Maryland Board of Pharmacy and Chief, Division of Drug Control, Maryland State Department of Health, delivered this talk at the Annual Meeting of the State Boards and Colleges of Pharmacy, on October 22, 1965, at the Sheraton-Belvedere Hotel in Baltimore.

History

As a result of a pilot study done in 1957 by the Association of Food and Drug Officials of the United States which had obtained the services of the Public Administration Service, AFDOUS suggested to the Food and Drug Administration that a thorough study of state and local food and drug laws and their enforcement would be desirable and beneficial to the states as well as to the federal government and the consumer.

At a later period the Congress approved an appropriation for \$250,000 for the study which would take some 18 months to complete. On July 1, 1963 Commissioner George P. Larrick of the United States Food and Drug Administration announced that the Food and Drug Administration had contracted with the Public Administration Service to carry out this project. The Public Administration Service is a non-profit organization.

Purpose

At the outset, the Public Administration Service's study of state and local food, drug, device, cosmetic and hazardous substances laws, programs, and facilities had the following basic objectives:

1. To identify what the state and local governments are providing consumers in terms of food and drug protection.
2. To identify and analyze similarities, variations, inconsistencies, and duplications affecting the laws, workload, organization, personnel, facilities, program, policies, budgetary and other problems confronting state and local agencies.
3. To identify areas which could be improved by better state and local laws, organization, personnel, facilities, programs, policies, budgets and federal programs, or by improved coordination between Federal, state and local programs, and provide recommendations to accomplish improvements in each identified area.
4. To provide goals and guidelines regarding means of approach, and timetables to attain any improvements and modifications deemed necessary.

At the time of announcing the contract, Commissioner Larrick made two significant statements which I would like to call to your attention.

"The performance of the study will be in accordance with a prospectus developed by the government with the assistance of a committee representing the Association of Food and Drug Officials of the United States," and

"This independent study by an organization outside of Government should bring to light any needed improvement in laws, organization, and support for Federal-State coordination."

Summary of Findings

1. The socio-economic, scientific, and technological settings of food and drug programs are imposing increasingly complex demands and obligations upon government and industry to provide protection for consumers.

To serious health hazards of an earlier era have been added risks associated with the application of scientific findings and technological innovations to the production, processing and distribution of foods, drugs, cosmetics, and household articles.

Present demands on food and drug agencies are such that traditional practices, staffing patterns, and physical facilities must be re-appraised to determine their present utility.

2. Important unities have emerged in the industries within the scope of governmental food and drug programs, emphasizing the need for a unified approach by all government, to health and economic protection.

There is a unity in health and economic protection, especially in relation to foodstuffs.

For government to confront such unities with a fragmented approach is to court the likelihood of duplication, confusion or conflict, and even the neglect of serious hazards while energies are lavished on matters of secondary importance.

3. Under our governmental and constitutional systems, the Federal and state authorities largely overlap in each state; and within many local jurisdictions, three levels of government have corresponding responsibilities in food and drug protection.

The breadth of Federal power to regulate interstate commerce is such that it now extends to a vast array of processes, products, and transactions that were once considered within the scope of state or local

concern. The state police power is likewise of great constitutional scope, and gives states authority within their boundaries that extends to the same activities touched by the Federal interest.

4. Interagency relationships in food and drug work are characterized by varying degrees of cooperation and coordination at and among the several levels of government, as well as inadequacy of communication, overlapping of activity, and duplication of effort.
5. The general food and drug laws of the states fail to reveal a basic uniformity among themselves or an adequate correspondence with Federal legislation.
6. The unity that characterizes the organization and operations of regulated industries requires a unity of response in health and economic protection; but instead it is confronted by a wide dispersion of regulatory responsibilities and corresponding diversification of viewpoint and approach in many state governments.
7. The commitment of resources by state and local governments to consumer food and drug protection is large in aggregate, whether in terms of money, personnel, or physical facilities. The distribution of these resources among different classes of products and establishments has not been based upon an objective and comprehensive assessment of the points at which attention is most needed.
8. In many agencies, one or more of the necessary elements of sound programming and successful operation are lacking. These include a satisfactory arrangement for close coordination of inspectional and analytical work; an adequate level of personnel development and challenge in job content; efficient systems of reporting, recording, and

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program planning, and access to and use of an adequate range of compliance measures.

9. Traditionally, state and local responsibility has been very broad in consumer food and drug protection, and even now remains so; if this tradition is to be maintained, the quality and range of resources available to many states must be upgraded, and their wise and meaningful application must be greatly improved.
10. The realities of both the setting and the present conduct of these governmental programs point to basic needs for: (a) a continuing evaluation of the total task; (b) basic uniformity of policy, practice, and approach; (c) fully coordinate co-operation.

Summary of Recommendations

Let us now review quickly a summary of the recommendations of this report.

1. The interdependency and community of purpose among Federal, state, and local agencies must be expanded and further coordinated, through a balanced state-Federal partnership.
2. There must be a clearer delineation of the respective responsibilities of state and Federal governments so as to reduce the risks of duplication of effort and even conflict that arise from overlapping of Federal and state legal powers.
3. The state should assume a broader role and acquire a more meaningful participation in consumer protection with respect to the production, processing, and distribution of food and feed.
4. In regard to drugs, the Federal role should in practice be exclusive in determining standards of quality, purity, strength, efficacy, and safety as well as limitations on dispensing, manufacturing practice, labeling and advertising.

The Federal role should be effec-

tively exclusive in enforcing standards of efficacy, safety, and manufacturing practice.

The states should participate more actively in helping enforce standards of quality, purity, strength, dispensing, labeling and advertising. At the point of retail distribution, state responsibility should be greater. The states should actively supplement Federal efforts by discovering and reporting for Federal attention new manufacturing and other new establishments.

5. The Federal government should in practice have exclusive responsibility for the safety and quality of all food and drug imports; this responsibility should extend to the establishment and enforcement of standards of manufacturing practice, identity, quality, and labeling
6. In other relevant areas, the proposed division of work is outlined below.

The Federal-State division of responsibility for cosmetics should follow that proposed for drugs.

There are other applicable sections relative to hazardous household substances, medical and nutritional quackery, and illegal traffic in narcotic and psychotoxic drugs.

7. The Federal government should exercise more productive leadership in the coordinated use of total public resources for consumer protection.
8. All divisions of the national executive with responsibilities in the food and drug field should diligently seek and maintain in their programs a balanced view that attempts always to determine the problems of greatest moment and how best they can be solved, and communicate them to the states.
9. There should be an enlargement of Federal assistance to state and local regulatory agencies.

10. The assistance program should include a variety of technical assistance that will complement state agencies, financial support for special projects, and payments to agencies in recognition for their present contributions.
11. The authority for coordinating projects should be used exclusively.
12. Payments under coordinating projects should vary, within limits, with the scope of the agency's authority in terms of product coverage and its range of responsibility from production to consumption.
13. The proposed program should be carefully examined as to concept, operations, and effects, at regular intervals.
14. The executive and administrative leadership in each state should promptly initiate a broad reappraisal of state and local food and drug programs with a view toward finding opportunities for improvement.
15. Each state should examine the content of its entire range of consumer protective activities.
16. The legal bases for food and drug work should be evaluated for securing laws and regulations.

I have quoted liberally and directly from the report in order that those of you who have not had the opportunity to view this document will have, by this review, the nature, extent, and purpose of the recommendations placed before you. There is no doubt that the depth and breadth of this report will serve as the springboard for future plans and programs which ultimately will be reduced to law in some form or another.

There should be no doubt in anyone's mind that the Public Administration Service's report represents a thorough study of complex problems. The findings and recommendations expressed ultimately will effect legislative and regulatory agencies and in turn influ-

ence administration of food and drug laws.

In several instances there is reference to a *unified governmental* approach to food and drug control laws. Mention is made of the duplication of effort and its resultant effect on costs and effectiveness of enforcement. How and what impact this will have on Boards remains to be worked out.

Another recommendation of prime importance to us is the reference to the greater role of the Federal government in offering leadership and guidance as well as *financial aid* to state and local agencies. This consideration deserves very careful attention. The manner, nature, and extent of financial aid will require mutual understanding of the agencies, their programs, and the ability to carry out the new obligations.

With the advent of a highly developed, scientific and expanded drug industry, a realistic *delineation of the respective responsibilities* is a need that must be met. This too deserves all the thought and imagination we can muster.

At this time I do not wish to belabor the fact that Boards of Pharmacy derive their authority from the police power of the State, and that hence, each of you is a state official. Boards of Pharmacy have done an excellent and incomparable job in the areas traditionally delegated to them; namely, to certify the safety and competence of qualified candidates and generally to supervise the practice of pharmacy and its practitioners, and to carry out a licensing program of those engaged in manufacturing, wholesaling and the practice of community pharmacy. Boards of Pharmacy then administer and enforce the provisions of the Pharmacy Practice Acts of their states. In a few states, delegation of authority is extended to administering and enforcing the Narcotic Acts and the Dangerous Drug and Stimulant Acts of Boards of Pharmacy.

Sound Programming

This leads me to another important recommendation of the report, that of *sound program planning*. A hit and miss plan of programming is indeed no longer in vogue. A refurbished plan of programming which would include ultimate goals, use of personnel, inspectional and analytical facilities, and sound and efficient recording systems is a must in order to reflect a successful operation. I wish to add that long range goals of planning must be met in order to insure a high level of competence. In this way we can meet and discharge obligations expected of us in areas of cooperation and coordination at the several levels of government.

My interest in drug laws spans the short period of a quarter century. However, in the past decade my interest has been solely and actively engaged in drug law enforcement. I have formed an earnest conviction that members of Boards of Pharmacy are a dedicated group of citizens interested in the public health and safety. From the very beginning, the National Association of Boards of Pharmacy has manifested virgin interest in this area as is pointed out in Article II of our incorporation, entitled

Object: "The purpose of this Association is to provide for inter-state reciprocity in pharmaceutical licensure, based upon a uniform standard of pharmaceutical education and uniform legislation; to improve standards of pharmaceutical education, licensure and *practice* by cooperating with State, National and International Agencies and Associations having similar objects."

Hence, from its inception, the National Association of Boards of Pharmacy has had a proud interest in drug laws, and its literature is replete with articles and sessions devoted to drug laws, and drug control and enforcement.

Drug laws affect not only indirectly, but directly the practice of pharmacy.

It is our hope that the National Association of Boards of Pharmacy can continue to offer leadership, guidance, and assistance to member Boards in this important area.

In his address before the 69th Annual Conference of Food and Drug Officials of the United States, held in New York City, July 22, 1965, Commissioner George P. Larrick characterized the Findings and Recommendations as follows:

- "—Federal, state, and local governments should enter into a balanced partnership with a proper role established for each.
- In order to assume their proper role, state and local agency programs need to be made more uniform, strong, and updated.
- The Federal Government and the Food and Drug Administration in particular should assume basic responsibility and exercise leadership in the development of the proper roles and provide financial and technical assistance to the states for purposes of strengthening and upgrading laws, programs, resources, facilities, and overall capabilities."

New Law

For just a few brief moments let us now turn to H.R. 2, the Drug Abuse Control Amendment signed by President Johnson on July 15, 1965, which is effective February 1, 1966. In the same address, Commissioner Larrick briefly summarized the amendments and makes the following comments:

"Special controls and record-keeping requirements are imposed on the drugs subject to the Bill's provisions. The Bill establishes authority for regulating intrastate traffic in these drugs and makes possession, other than by the user, illegal outside of legitimate channels of commerce. A significant feature of the Bill is that it eliminates the need to prove in each case that illegal drugs have moved in interstate commerce. F.D.A.

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inspectors will be empowered under appropriate conditions to seize depressant and stimulant drugs which are being illegally manufactured or distributed and to arrest persons engaged in these activities and seize their equipment. Specially authorized inspectors will also have authority to serve warrants, arrest persons apprehended while engaging in drug counterfeiting, and carry firearms for their own protection while conducting dangerous undercover investigations. Stiffer penalties are provided, particularly for peddlers and pushers over 18 years of age who sell or give the drugs to anyone under 21.

This Bill is not intended to limit or take the place of effective state controls where they exist or may later be provided. I would like very much in the next 12 months, as a pilot project in selected areas, *to turn over the major regulation of retail drug store to state authorities*. We think that this is another field of operation that is more amenable to control by state authorities having drug abuse laws. We solicit your careful thoughts in this matter and invite you to convey your views to us in some detail. As more states secure adequate drug abuse laws, adequate enforcement personnel, and develop vigorous enforcement, it is essential that their role should increase in the control of this problem, particularly as it is related to intrastate commerce.

We will prepare ourselves to commission state and local law enforcement officers as is appropriate to carry out certain features of this important legislation. This can be done within the language of Section 702(a) of the Federal Food, Drug and Cosmetic Act.

At the outset the law applies to drugs whether or not they have moved across states lines. Section 2 therefore includes drugs covered, be they in intra- or in inter-state commerce.

Section 3 defines depressant and stimulant drugs. Three groups are covered

by the law:

1. Any drug which contains barbituric acid or its salts and any derivative of barbituric acid which the Secretary has designated as habit forming. In regulations which have been in effect for some years F.D.A. has designated barbiturates as habit forming as well as their salts.
2. Any drug which contains amphetamine or any of its optical isomers, or any salts of these, or any substance which the Secretary, by regulation, designates as habit forming because of its stimulant effect on the central nervous system, or
3. Any drug which contains any quantity of substance which the Secretary, by regulation, designates as having a potential for abuse because of its depressant or stimulant effect on the central nervous system or because of its hallucinatory effect. No chemicals at this time have been designated in this category.

Proposed regulations will be issued to bring drugs other than barbiturates and amphetamines under control in accordance with the provisions of the law.

The new amendments have several specifically prohibited acts which are of interest to you:

1. Manufacturing, processing, or compounding the designated drugs, except by registered drug firms for legal distribution.
2. Distributing the drugs to any persons who are not authorized by Federal or state law to receive them.
3. Refilling of these drugs more than five times or more than six months after they are initially prescribed.
4. Possession of depressant or stimulant drugs except as authorized by law.
5. Failure to prepare, obtain, or keep the required records and to permit entry or inspection and copying of such records.
6. Refusal to permit entry or inspection as authorized.
7. Making, selling, keeping, or concealing of equipment for counter-

feiting drugs, and the doing of any act which causes the sale of a counterfeit drug.

The new law provides authority for officers and employees of HEW who are designated to conduct such examinations relating to such drugs to:

1. Carry firearms;
2. Execute or serve arrest or search warrants;
3. Execute seizures with or without libels of information (subject in the latter case to prompt institution of libel proceedings);
4. Make arrests without warrants in certain cases.

The officers and members of the Executive Committee of the National Association of Boards of Pharmacy with officials of the Food and Drug Administration and a representative of the Public Administration Service met on September 16 and 17, 1965 in Washington, D.C. to confer with Commissioner Larrick and to discuss and evaluate the Public Administration Service's report and the Drug Abuse Control Amendments of 1965. We were the second group called in as conferees.

Some key points under discussion at the meeting relative to designating a few selected states' primary responsibility in regulating traffic of psychototic drugs are as follows:

1. Which agency would assume principal responsibility for handling reports of violations. A possible arrangement would be:
 - (a) Complaints received by FDA against a pharmacy or pharmacists would be evaluated as to the extent of the violation. If it involved illegal selling of prescription legend drugs in limited quantities or illegal re-filling, this complaint would be channeled to the appropriate state enforcement official. Should the complaint indicate a primary Federal responsibility involving such things as large scale selling of prescription drugs or diversions to

truck stops or peddlers, this complaint would be retained and investigated by the FDA.

- (b) When a state enforcement official received a complaint against a pharmacy or pharmacist that indicated large diversions, he would notify the FDA, who in turn would investigate the complaint.
2. Mechanisms could be established for exchanging information about the results of investigations, the drugs involved in illegal traffic and the persons found responsible for such traffic.
3. What arrangements should be made for coordinated planning and training programs.

In this latter category one university, through its extension service and in conjunction with its school of law, has approached NABP noting its interest in a training program for Board of Pharmacy Inspectors and has solicited the assistance and cooperation of NABP to explore implementation of a program with FDA. The interest of NABP in making such a proposal is to indicate our willingness to enter into a working arrangement with FDA for the ultimate benefit of Board of Pharmacy inspectors which, in turn, we think would increase their opportunities for education and would ultimately benefit the consumer in all states.

It must be understood that as an Association, NABP could not commit an individual state to this pilot project. NABP has offered its services to co-ordinate and facilitate any pilot project FDA undertakes in the following months.

Of course, we would expect that any state tendered such an invitation to participate in such a pilot project be accepted, and do the best possible job that can be done.

Extension of the pilot project will depend a great deal on its success. Certainly this is an area of cooperation we dare not forfeit.

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HONORARY PRESIDENT

Melville Strasburger, Honorary President of the Maryland Pharmaceutical Association, was born on December 9, 1879 in Westminster, Maryland and his early days were spent in Fredericksburg and Bowling Green, Virginia.

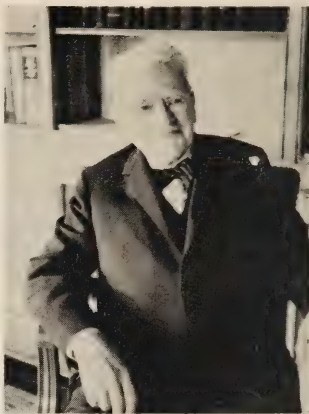
He was graduated from Fredericksburg College and received his degree in Pharmacy from the Maryland College of Pharmacy (now a Department of the University of Maryland) in 1900.

Married in 1904 to the former Jeanette Herstein, Mr. Strasburger remained in Baltimore and opened a pharmacy in 1911 at the corner of Madison and North Avenues, which he operated for 31 years, until 1941, the same year in which Mrs. Strasburger passed away. The Strasburgers had two daughters, both of whom are now married, and Mr. Strasburger is the proud grandfather of five.

He has been a member of the American Pharmaceutical Association, the NARD and a leading figure in the Wedgwood Club, a secretary of the Baltimore Retail Druggists Association (now BMPA) and a well-known leader of the Maryland Pharmaceutical Association, whose Secretaryship he took over in 1942. He served as Executive Secretary and Editor of *The Maryland Pharmacist* until 1952. In addition, Mr. Strasburger is active in the Baltimore Veteran Druggists Association.

Although Melville Strasburger refers to himself as "retired" none of his colleagues and friends in pharmacy would agree, saying that he seems as active as ever, contributing his vast knowledge and experience to the profession of pharmacy in myriad ways.

Mr. Strasburger now resides at 116 West University Parkway in Baltimore



MELVILLE STRASBURGER

Honorary President

Maryland Pharmaceutical Association

Fire Threatens New Owners At Old Kriger's

M.P.A. members C. Robert Welsh and Howard R. Schiff, along with their new partner, Joseph Beccio, were the victims of a Sunday morning blaze on Feb. 27 at the Kriger Pharmacy, Lafayette Avenue and Poplar Grove Street, which they had taken over from Messrs. Levin and Greenfield but three months before.

Virtually undaunted by the mysterious blaze whose cause has yet to be determined, the pharmacists quickly converted their former storeroom into a prescription department and continued to serve their neighborhood without interruption.

In fact, the newly rebuilt store which will be completed in about a month, will be operating at a larger volume than ever. The original pharmacy had been opened in 1928 by the late Ben Kriger.

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Swain Model Pharmacy and Cole Pharmacy Museum

The urgent need for a model pharmacy at the University of Maryland School of Pharmacy to serve as a tool for instruction and demonstrations has long been recognized. The Maryland Pharmaceutical Association has taken the leadership in sponsoring the establishment of a model pharmacy in memory of Dr. Robert L. Swain, distinguished Maryland pharmacist who became one of the national and international leaders of his profession. The Swain Model Pharmacy will be installed on the first floor of Dunning Hall on the Baltimore campus of the University of Maryland.

The Swain Model Pharmacy has been designed to incorporate the finest facilities and modern equipment so as to serve a standard of excellence for both students and graduate practitioners of pharmacy. An ophthalmic prescription laboratory and a reference library section to enable the pharmacist to discharge responsibilities as a drug consultant are integral parts.

Nowhere in Maryland is there a focal point for the collection and preservation of the artifacts and memorabilia of pharmacy. Many collections of pharmaceutical antiques are rapidly being dispersed or lost. The Cole Pharmacy Museum, named in honor of Dr. B. Olive Cole, the renowned Professor Emerita of the School of Pharmacy, is therefore being established. The Maryland Pharmaceutical Association is fortunate in being the beneficiary of the major portion of the large collection of the late L. Manuel Hendler, a long-time friend of pharmacy. The Association is grateful to the Hendler Foundation for donating this magnificent and unique collection. There are also other collections which may become available when suitable exhibition facilities are completed.

The Cole Museum will encompass exhibition cases in the foyer of the Kelly Memorial Building, the main meeting hall on the lower level and the adjoining room, which is planned as the L. Manuel Hendler Apothecary Shop as a restoration of an oldtime pharmacy.

The two thousand pharmacists in Maryland, through these two outstanding projects, have an opportunity within their grasp to participate in what many consider to be one of the most progressive steps taken by our profession in more than a decade. While substantial support is expected and will be forthcoming from many manufacturers, wholesalers and friends, it is the profession of pharmacy itself which stands to gain most in dignity and prestige through this display of these treasures of the past, and the use of this model pharmacy of the future.

A FAIR SHARE

Any gift, large or small, will be helpful. The pharmacists' "fair share" participation is based on a simple equation. To meet our goal, we must raise fifteen thousand dollars from the two thousand pharmacists of Maryland as their share of the total cost. If the perfection of one hundred percent pharmacists' participation could be achieved, this would be less than ten dollars from each; a small gift to be sure. Yet there may be those who will want to give more; others for various reasons may not give. Your participation is urged for as large a gift as you can afford, so that we can be certain of success.

Names of all participants will be inscribed in an Honor Roll of Contributors to be handsomely bound and to become a permanent record within The Cole Museum.

A limited number of memorial opportunities will be available for more substantial gifts. You may contact the chairman of The Swain-Cole Fund for more information.

All gifts are needed. Gifts large or small may be given with great dignity and pride—as your part in this progress for pharmacy.

—o—

SUBSTANTIAL financial support, in addition to that from Maryland Pharmaceutical Association, has already been granted by the Alumni Association of the University of Maryland School of Pharmacy, the Baltimore Metropolitan Pharmaceutical Association, and firms in fields of drug manufacturing, wholesaling and pharmacy practice.

AT THIS time an appeal for additional support is being made to all pharmacists in Maryland and to other manufacturers, wholesalers and suppliers in the field of pharmacy. Suggestions for participation and for your support appear below.

This is an opportunity for pharmacists and those associated with pharmacy to participate in projects which will.

- serve as educational tools for students and graduates.
- gather and preserve the artifacts and memorabilia of the profession and its leaders.
- be a potent public relations means in enhancing pharmacy's image with the general public and other professions.
- serve as stimuli to attract outstanding young people to consider a career in pharmacy.

—o—

Dr. Guttmacher Defends Oral Contraceptives

Former Baltimorean, Dr. Alan F. Guttmacher, President of Planned Parenthood—World Population, writing in *The Physician's Panorama* (published by Sandoz Pharmaceuticals) has said that fears of thromboembolic involvement in women taking oral contraceptives have no basis in proven medical fact. He calls the "orals" the best method of birth control for the newly married couple.

Dr. Guttmacher advises his readers, mostly general practitioners of medicine, to prescribe the oral contraceptives for "two cycles before marriage so that the relatively transient, minor effects will have had time to disappear before the honeymoon. Furthermore, a bride may remain on the pill throughout the honeymoon, taking one pill each day and thus postponing the menses until a more convenient time."

Further, the specialist counsels, "Don't be in a hurry to have a baby... get better acquainted and adjusted." Such advice is especially called for in the case of teenage marriages, he emphasized, since 40 percent of them end in divorce.

Only when the bride is 25 or over is delay in beginning her family unwise, says Dr. Guttmacher, since "the best ally of pregnancy and birth is youth... [it is] important for doctors to stress this advantage of youth with each couple for whom we prescribe contraception."

Among other contraceptives which Dr. Guttmacher rates as highly effective are the intrauterine devices. His article includes a discussion of other techniques, including evaluation.

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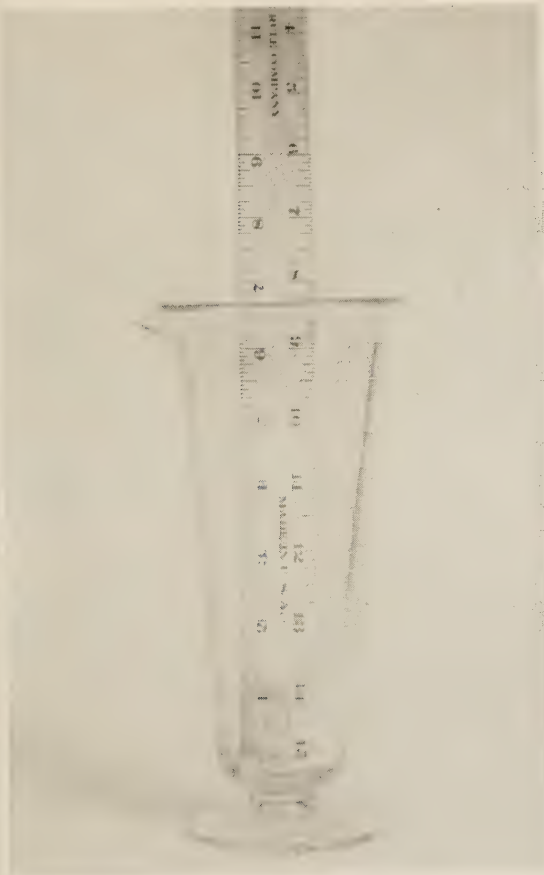
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PRESIDENT'S MESSAGE

The Baltimore Metropolitan Pharmaceutical Association consists primarily of independent community pharmacists, and independent community pharmacists of Baltimore have many problems in common, the first of which is: Are they really independent?

The truth of the matter is, they are not fully independent. They are subject to the whims and caprices of large drug manufacturers.

During my thirty years as a pharmacist in this area, I have heard many and varied complaints about the policies of the drug manufacturers, not only the minimum purchases involved, but more, the reluctance of the manufacturers to make adjustments on outdated and obsolete pharmaceuticals. Today this has become an increasingly acute situation because of the rapid advancement in the development of antibiotics and steroids. New products and new combinations of existing products are put on the market every day, pushing hundreds of specialties of these same houses to the back of the shelf. What is the result?

The result is a chamber of horrors. Unopened bottles, in some cases open bottles; outdated and obsolete antibiotics; all representing thousands of dollars invested in purchase of same, which cannot be sold or even given away. The manufacturer has failed to fulfill his responsibility to make adjustments.

If the manufacturer has failed to do a good selling job to the physician, or the product has not proved to be as effective as expected, why should the independent pharmacist have to foot the bill?

One duty of the Association is to try to correct this situation. Inform Joseph Morton, Chairman of the Trade Relations Committee, of your particular problem. Your particular problem can be the same problem as that of 450 other drug store owners of the metropolitan area. A communication from the Association is actually a communication from all drug store owners.

I feel that a concerted and unified effort by the members and the Association should produce some results. This is the least that we should do for ourselves in order to survive as independent community pharmacists.

Sincerely,

JEROME A. STIFFMAN
President

• T. A. M. P. A. TATTLER •

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Volume 24.

FEBRUARY 1966

No. 4

TAMPA NEWS

by Joe Hugg

The blizzard of '66 will include among its many victims the annual oyster roast sponsored by TAMPA. The decision to postpone the affair was made at the last minute, and was the only practical thing to do since the City was still all but paralyzed by mid-week following the storm. It was then snowing again, and the five-day forecast was predicting more snow for the weekend of the party.

We are reminded that TAMPA's first oyster roast back in the 40's was victimized by a snowstorm. As we remember it, the snow didn't start falling until about 6 a.m., but by noon there was enough accumulation to be classified as a deluxe blizzard. Still, about 35 to 40 hardy souls showed up.

—O—

Past President, Joe Muth and his charming wife, Joan, were delightfully surprised on the occasion of their 20th wedding anniversary when about 30 of their friends arrived simultaneously on Sunday, February 27, 1966. The sur-

prise party was the brainchild of Joe and Joan's sons, Joe, Jr., and Pat. They planned it perfectly and saw to it that the club room was ready, the necessary ingredients were provided, and most importantly, the element of surprise was obtained. Congratulations to Joe and Joan on the 20th anniversary of their marriage, and on having such thoughtful and competent children.

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Evolution of TAMPA

By

JOHN A. CROZIER

Secretary-Treasurer TAMPA

Supposedly, there has always been a Traveler's Auxiliary of the Maryland Pharmaceutical Association (at least as long as there has been a Maryland Pharmaceutical Association) which has as its principal duties the furnishing of entertainment for the pharmacists and their friends at the annual conventions, but of this early organization, such as it was, little can be said, other than that they did furnish entertainment in an impromptu way, which was, of course, enjoyed by all attending the conventions. Nothing elaborate or in any way requiring any great amount of effort or sacrifice on the part of such Auxiliary members was given. Naturally, the attendance in those days was small compared to present-day crowds.

The Auxiliary as it existed then met twice yearly, just before, and at convention time; then all activities ceased until another year went by. All this can be verified by talking to some of the old timers or members of MPA if still living.

At Braddock Heights, Maryland, in June 1916, TAMPA as it is known today was organized, and monthly meetings were begun in July of the same year. We now boast of having furnished entertainment, some lavish, some not quite so lavish, for half a century—this June at convention marking our fiftieth year—and especially can we say "boast", since our programs have seemed always to be successful; they always ask for more.

Of course, TAMPA, in its first years, had its struggles, monetary and other, which are experienced by all organizations at their inception, but this did not deter its officers and members from putting forth greater efforts to make the desired success, or, as we are today, a STRONG organization of 129 members and 18 honorary members. The Auxiliary has a good financial standing; and

of all the members we do not fear to make the statement "that each of them is a good fellow and a gentleman".

Today we still perform the duties performed by the old Auxiliary and find time to have increased our meetings from two to ten a year. We have written our own constitution and by-laws and our members pay their dues promptly and cooperate in every conceivable way toward continuing the success of TAMPA. Our entertainments are larger, more lavish and modern and, needless to say, our following has increased beyond all hopes held for us in the beginning.

We pride ourselves on the fact that any salesman coming into our midst benefits in many ways from the organization, and last but not least, we can truthfully say we are known all over the United States as a crowd of energetic go-getters and as being the most congenial of all state auxiliaries. This statement may seem as though we are patting ourselves on our own shoulders; nevertheless, it is all true, and can be verified.

TAMPA of today is very thankful for the leadership of such men as Messrs. Duvall, Read, Neal, L. M. Hendler, Southall, Steiner, Armstrong, Piper, Manchester, Requards, Hollingshead, Love, Keppler, Hoy, Wright and other Past Presidents who followed them, as well as many faithful workers in the ranks, and for the loyalty and friendship of all its members in the task of making the organization as it is today.

To the newer and younger members of TAMPA, here's hoping that you will be one of the men to attend our meetings regularly. You will not be disappointed and can be assured of great benefit from contacts formed and friendships made.

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The William Simon Memorial Prize

By B. OLIVE COLE*

One of the most appreciated honors annually awarded in Pharmacy is the William Simon Memorial Prize, a medal first offered by Doctor Simon in 1882 in the Maryland College of Pharmacy, with the approval of the Board of Trustees, and annually provided by him until he resigned in 1902. It was stipulated that the prize be awarded for superior proficiency in practical and analytical chemistry, the recipient to stand high in all subjects and the Professor of Chemistry to be guided in his recommendation for its reception by observation and personal contact as much as by grades in examinations.

The course in analytical chemistry was added to the curriculum of the College on March 20, 1872, and attendance upon the course was made obligatory with Dr. Simon as Director of the Chemical Laboratory. On April 1, 1873, the chairs of theoretical and analytical chemistry were combined and placed under the direction of Dr. Simon.

The classes were held in two buildings: first, the grammar school purchased from the City of Baltimore and dedicated on October 12, 1876, Dr. Lewis H. Steiner giving the address; and in the well-equipped building erected on the same site, which cost approximately \$30,000, part of the money having been raised by a mortgage on the property and some \$13,000 having been advanced by members of the College in 1886 and secured by Certificates of Indebtedness of the College. The Maryland College of Pharmacy building was sold following the Baltimore fire in 1904, to Jacob Epstein for use of the Hebrew Friendly Inn, the Maryland College of Pharmacy being amalgamated as the Department of Pharmacy with the group of profes-

sional schools in Baltimore then known as the University of Maryland.

Origins of the Fund

The mortgage was paid and the payment of the Certificates of Indebtedness held by members of the College was prorated at a percentage lower than the original investment. Dr. Simon, who held one of the Certificates of Indebtedness, presented it to the College and received \$111.00. In 1904 it was "Resolved that the Maryland College of Pharmacy recommend to the Department of Pharmacy of the University of Maryland that it obligate itself to provide annually a prize to be known as the Simon Prize; that the balance of the bequest be placed in a Savings Bank, the interest to be used, if necessary, for assisting in securing said prize." Interested alumni and friends solicited additional donations and in 1937 a \$500.00 Wheeling Steel Corporation Bond was turned over to the Board of Regents for investment by the Safe Deposit and Trust Company for use of the Simon Memorial Prize. Further donations were solicited from time to time from the graduates and friends of pharmacy, especially in 1953, when the sum of \$1,030.00 was collected, and the Financial Office of the University of Maryland reported in October that approximately \$1,700.00 was in the account for the use of the William Simon Memorial Prize.

It would be interesting to compile a list of "Who's Who in Pharmacy" composed of the graduates who, in the 83 Years between 1882 and 1965, have received at graduation the William Simon Memorial Medal for proficiency in chemistry. Every graduate of the School of Pharmacy knows it to be a real honor.

*Emeritus Professor, School of Pharmacy, University of Maryland.

Simon's Background

Dr. William Simon was born in Eberstadt, Germany, February 20, 1844. His father was a Lutheran minister who died when William was seven years old. Dr. Simon was educated in Giessen College, was a drug clerk in Giessen and received the Ph.D. degree from the University of Giessen. He was in the Franco-Prussian War. He came to Baltimore in 1870 as a chemist for the Baltimore Chrome Works, and in 1872 became associated with the Maryland College of Pharmacy. A man of varied abilities, he always recognized duty as pre-eminent and, as such, obtained ease of conscience and deserved praise, as well as a considerable fortune. He was the author of the "Manual of Chemistry" which went through ten or more editions, and also made scholarly contributions to domestic and foreign journals. He excelled in simplified assay processes and in economic methods of analysis, but it was as a teacher, author and friend that he was loved and most honored.

Dr. Simon became President of the Maryland Pharmaceutical Association in 1887. When he retired from the Maryland College of Pharmacy in 1902, Dr. Charles Caspari, Jr., on behalf of the Faculty, presented Dr. Simon with a loving cup, to which Dr. Simon responded with a short account of his career as a teacher in the College. He was a unique and entertaining lecturer and speaker. One of his interests was colored photography, using the colored salts of chromium. He was also interested in liquid air and demonstrated the freezing of mercury.

In 1873, Dr. Simon married the former Paula Driver, an artist, who assisted in providing the colored plates used in the many editions of the "Manual of Chemistry". Dr. Simon was a middle-sized man, raw-boned, with thick darkish hair, mustache and full beard, large shapely head, who wore glasses continuously for astigmatism, having a voice clear and middle-tone in pitch. He was an original and inventive thinker, a man with humor and brightness, popular with students, pharmacists, physicians and friends. He died at Eaglesmere Park on July 18, 1916.

—O—

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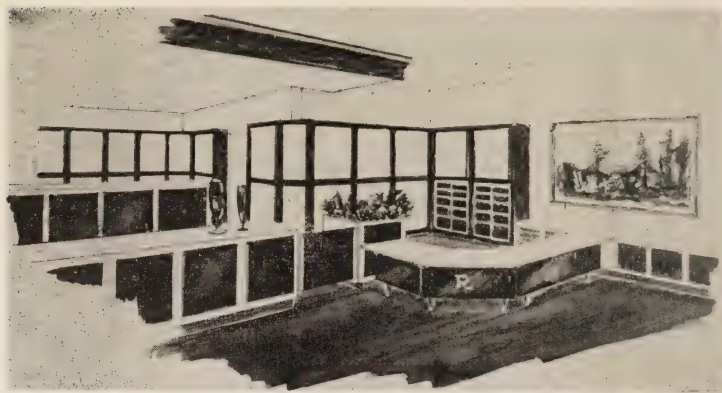
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DESIGN OF GILPIN PHARMACEUTICAL CENTER

American Pharmaceutical Association Announces Certification Of The Henry B. Gilpin Company

The Henry B. Gilpin Company, which received design approval from the American Pharmaceutical Association, will offer the APhA-Gilpin Pharmaceutical Center in two basic floor plans with several choices of interior and exterior design.

James E. Allen, President of The Henry B. Gilpin Company, stated, "We believe in striving for superiority and in encouraging and materially aiding individual effort. For many of the pharmacists we serve, the Pharmaceutical Center will be a progressive step in this direction."

Gilpin has completed centers in Norfolk, Virginia; Washington, D.C.; and Baltimore, Maryland; with plans for early completion of another center in Wilmington, Delaware.

The Gilpin Division Managers are now scheduling planning service to those pharmacists interested in the establishment of Pharmaceutical Centers in select locations, as well as those wishing to convert promotion stores to Pharmaceutical Centers when indicated.

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School of Pharmacy

The APhA-MPA Student Chapter Meeting took place February 15, 1966, at the University of Maryland School of Pharmacy, with approximately 90 members in attendance.

The main order of business at the Business half of the meeting concerned the plans for Career Day, March 28 - April 1, at which students will be at the booths.

The special meeting which followed concerned career opportunities with Lederle Laboratories; the speakers were Mr. Robert Snyder and Dr. C. Richard Tamorria, who explained openings at Lederle for pharmacy graduates on the bachelor's, master's and doctorate levels.

The first category discussed was that of Products, which offered openings for pharmacists with bachelor degree in a) the processing and improvement laboratory, b) the technical laboratory (two pharmacists) and c) international products or FDA representative. In the area of Scientific Learning, for those pharmacists holding M.S. and Ph.D degrees, there is the division of research and development. Those who would be employed at the Marketing Research and Advertising levels would need advanced business degrees and would work in packaging design or analytical control and assay.

The Company offers Educational Assistance Programs, or courses which would enhance a pharmacist's value to Lederle, and also medical and life insurance plans, a retirement plan and vacation plans.

Following the meeting, interested students were able to obtain individual interviews with Mr. Snyder and Dr. Tamorria.

Stephen L. Buckner, Secretary, served as reporter for the meeting.

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Dr. Krantz Appointed Director of U.S.P. Scope

Dr. John C. Krantz, Jr., the distinguished pharmacologist who retired last September from his position as Professor and Head of the Department of Pharmacology at the University of Maryland School of Pharmacy, has been appointed Scope Director of the United States Pharmacopeia. This position has been created to provide information to aid in the selection of the drugs and dosage forms for the next revision of the Pharmacopeia.

Dr. Krantz, who has remained active as a consulting pharmacologist, will be headquarters in his office at Huntingdon Research Center in North Baltimore. He has long been associated with Pharmacopeia, having been elected to the Revision Committee in 1930, and is presently its ranking member.

Marylander Chosen BDAC Official

Paul Allen Pumpian, a 1950 graduate of the University of Maryland School of Pharmacy as well as College Park and the School of Law (1953), has received the first confirmed appointment to a top position in the Federal Drug Administration's new Bureau of Drug Abuse Control. He will be Deputy Director of the Division of Case Assistance, one of the Bureau's three divisions.

Mr. Pumpian presently holds the position of Secretary-Treasurer of the Wisconsin State Board of Pharmacy in Milwaukee, where he has been for the past seven years.

He is licensed as a pharmacist and is a member of the bar in both Maryland and Wisconsin.

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Straayer Is New Director of N.W.D.A. Division

George C. Straayer, currently finishing a long and productive association with Schering Laboratories of Union, New Jersey, has been appointed Director of Industry and Professional Relations of the National Wholesale Druggists' Association. Executive Vice President Harry A. Kimbriel made the announcement.

Mr. Straayer's family in Michigan has long been associated with the profession of pharmacy, and he is well known in the New Jersey area as a civic leader and outstanding family man.

—O—

Welton Is Elected President Of Burrough Bros.

Norton W. Mailman, Board Chairman of Burrough Bros. Pharmaceuticals, Inc., announced that Claude S. Welton had been elected President of the company at a recent Board Meeting. Mr. Welton holds the same office in Burrough Bros. subsidiary, Welton Laboratories, Inc.

At the same meeting, Royer J. Schlingman, Vice-President in charge of Production was elected a Director. M. S. Roseman continues as Treasurer and a Director.

—O—

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When you move—

Please inform this office four weeks in advance to avoid undelivered issues.

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To insure delivery of "The Maryland Pharmacist" and all mail, kindly notify the office when you plan to move and state the effective date.

Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
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Secretary

301 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201

The following are changes in pharmacies which occurred during the month of February:

NEW

Drug Fair #91, Milton L. Elsberg Pres., W. Patrick Shopping Center, 467 W. Patrick Street, Frederick, Maryland.
Hospital Center Pharmacy, Louis R. Kern, Jr., President, 601 S. Union Avenue, Havre de Grace, Maryland.

CHANGE OF OWNERSHIP

Henderson's Pharmacy, Robert W. Henderson, Prop., 7401 Harford Road, Baltimore, Maryland 21234. Formerly owned by Marvin W. Henderson.

NO LONGER OPERATING AS PHARMACIES

Drug Fair #28, 7100 Arlington Road, Bethesda, Maryland.

Read Drug & Chemical Company, 2045 E. Joppa Road, Baltimore, Maryland 21234.

Read Drug & Chemical Company, 4035 North Point Blvd., Baltimore, Maryland 21222.

Baltimore Veteran Druggists' Association

The Baltimore Veteran Druggists Association met February 16 for luncheon at the Baltimore Union. Birthdays celebrated were those of Messrs. Balassone, Byrd, Rosenfeld, Love, Bauer and S. G. Block.

Robert Wooten is President.

Eastern Shore Pharmaceutical Society

The Winter meeting of the Eastern Shore Pharmaceutical Society was held on February 27, 1966 at the Miles River Yacht Club, St. Michaels, Maryland. The meeting, originally scheduled for February 8, had been postponed due to snow.

President William J. Appel presided at the business session, at which election of officers for 1966-67 was held. The following officers were installed:

President—I. Earl Kerpelman, Salisbury

First Vice President — Donald R. Young, St. Michaels

Second Vice President—Charles Bennett, Salisbury

Secretary—Robert Kelley, Easton

Treasurer—Thomas Payne, Easton.

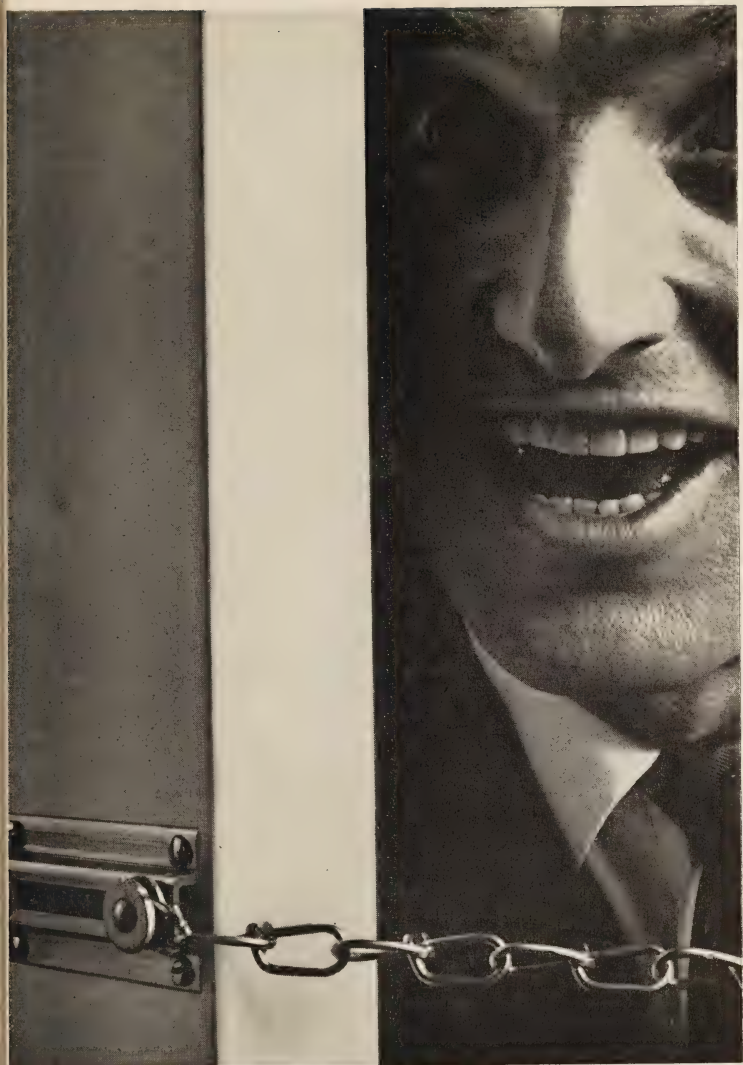
After a social hour and dinner with the ladies, the group was addressed by Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association. Mr. Gruz reviewed the provisions of the Drug Abuse Amendments of 1965 and their application to community pharmacists, wholesalers and manufacturers.

The 1966 legislative proposals of the MPA were then presented by Secretary Gruz. After discussion, President Kerpelman asked for an endorsement of the proposed pharmacy laws, which were then unanimously approved by the Society.

Maryland Association of Hospital Pharmacists

Union Memorial Hospital was the site of the February 10 meeting of the Maryland Association of Hospital Pharmacists, who gathered at 7:30 p.m. to hear Mr. P. C. Wiesman, Director of Product Development and Quality Control Department of Eaton Laboratory. Mr. Wiesman's topic was "Professional Pharmacy Today and Tomorrow."

Eaton Laboratory hosted the meeting, at which cocktails and hors d'oeuvres were served.



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N.A.R.D. Distributes Medicare Booklets

In cooperation with the Social Security Administration, the National Association of Retail Druggists has distributed hundreds of thousands of booklets entitled "The Pharmacist Speaks to his Customers about Medicare."

Willard B. Simmons, Executive Secretary of N.A.R.D., made the announcement of the booklet and urged all retail druggists to participate in this far-reaching educational program by ordering the necessary, cost-free supplies.

Mr. Simmons stated, "This is a splendid opportunity for the retail druggists of America to be of tremendous service to millions of our senior citizens who qualify for the Medicare program and, of course, their families, while at the same time enhancing their professional stature..." He continued, "The public has always looked upon their drug stores as community health educational centers and this joint project will provide druggists with the occasion to reemphasize this role.

To order the material on Medicare, write to the Office of Information, Social Security Administration, Room 1-L30b Link, Baltimore, Maryland 21235.

—O—

Diabetes Screening In Jersey Highly Effective

East Orange, New Jersey has been the focus of an intense program of diabetes casefinding program which concentrates on "high risk" population groups: relatives of known diabetics, women who have borne large babies, the obese and the elderly. The program has uncovered 34 new cases of diabetes for every 1,000 people tested by venous glucose determinations. This compares with the average 8.6 per thousand obtained nationally in diabetes screening programs which, for the most part, test random population groups.

According to the author of an article which appeared in *GP* magazine, Dr. Kenneth Shine, the auspices, which include the East Orange Health Department, the Essex County Medical Society and the New Jersey State Health Department, carries on an extensive promotional campaign of leaflets, posters, exhibits, newspaper articles and films urging high-risk persons to take a free blood test. Promotional and educational materials are supplied by the Upjohn Company.

No person was declared a "new case" of diabetes until his private physician rendered this diagnosis.

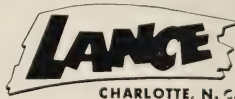
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Look what I found!

I found that my customers really go for those tasty Lance snacks. And I found, too, that I make more money on them than any other brand. Must be because they sell so fast.

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Distribution Services, Inc. Negotiates First Lease

The Mercury Plaza Shopping Center in Hampton, Virginia, will be the site of a 10,000 square foot drug store. It is the first such location to be leased under a new Distribution Services, Inc. program. The area has been subleased to Hampton pharmacist Charles A. Warnom.

DSI, the corporation formed recently by twenty-four prominent wholesale drug firms located throughout the country to aid independent retail pharmacists in obtaining access to prime retail drug store locations, has its headquarters in Washington, D.C. It operates nationwide through the stockholder firms, and has distributed a brochure describing its method of operation and listing over 80 wholesale drug establishments that are now ready to enter into negotiations for shopping center and other prime retail pharmacy leases. Recipients of the brochure were some 5,000 realtors, builders, developers and mortgage lenders throughout the United States.

Mercury Plaza is a regional shopping center featuring an enclosed air-conditioned mall and containing a 115,000 square foot Montgomery Wards department store.

In making the announcement, D.S.I. President James E. Allen stated, "We believe the health needs of every community are best served by local retail pharmacists who are allowed to conveniently bring their professional services to the public. They are unable to render this service when they are denied access to prime new drug store locations. With the completion of this first lease negotiation, D.S.I. appears to be well on its way to achieving its intended purpose of obtaining prime retail locations for the independent pharmacists across the nation.

"Our program is proceeding as planned, with this lease just the first to be completed of several that are currently under active consideration," continued Mr. Allen, who is also President of the Henry B. Gilpin Company.

Copies of the D.S.I. brochure may be obtained by writing them at 1725 K. Street, N.W., Washington, D.C. or by telephoning 202 - 659-2338.

—o—

For every useful drug product that reaches the public, more than 2500 compounds are studied and discarded.

Ptomaine poisoning is a misnomer applied indiscriminately to all kinds of food poisoning. Most ptomaines are harmless chemical substances found in decomposed protein foods.

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Established at the Kelly Memorial
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THURSDAY, MAY 19th

2:00 P.M.

HEALTH SCIENCES LIBRARY AUDITORIUM

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Baltimore

Greetings from the University of Maryland by Dr. Albin W. Kuhn, Vice President for the Baltimore Campus.

Tribute to Dr. B. Olive Cole—Dr. John C. Krantz, Professor Emeritus of Pharmacology, University of Maryland, School of Medicine.

Open House for the Cole Museum at the Kelly Memorial Building from 12:00 to 5:00 P.M.



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Includes pre-registration fee, three meals daily,
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Free Bus Transportation—Reservations until May 15th

OBITUARIES

Daniel Goodman

Daniel Goodman, for 20 years the proprietor of the Brunswick Pharmacy at Wilkens Avenue and Brunswick Street, died February 19 at Baltimore County General Hospital, following a long illness. Mr. Goodman, who was 59, had worked for the month previous to his death at Read's Drug Store on 36th Street, having retired from the Brunswick Pharmacy in December.

A member of both the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association, Mr. Goodman also belonged to A.Z.O. and the Arcana Lodge Masons.

Surviving are his wife, the former Ruth Dickman, a son, Joel, three brothers and a sister.

Florence Bonifant

A graduate of the Maryland College of Pharmacy Class of 1903, Miss Florence Bonifant, died February 5 at the age of 93. She had been at the Potomac Valley Nursing Home for several years.

Dr. A. W. Richeson

Dr. A. W. Richeson, Professor of Mathematics at the University of Maryland School of Pharmacy for more than 30 years, died February 23 in Washington, D.C.

Dr. Richeson, who had lived for the past five years in Adelphi, Maryland, was 68. He was the author of a number of scholarly works including one scheduled for posthumous publication by the Massachusetts Institute of Technology, entitled *History of English Land Measuring to 1800*.

R. S. Paylor

Mr. Russell S. Paylor, Sr., retired Executive Vice President of Peoples Drug Stores, Inc., died February 28 in Washington, following a heart attack. He was 72.

Mr. Paylor was Executive Vice President for one year preceding his retirement in 1958-59.

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GETTING ALONG

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1. Keep skid chains on your tongue. Always say less than you think.
2. Make promises sparingly, and keep them faithfully, no matter what it costs you.
3. Never let the opportunity pass to say a kind and encouraging word to or about somebody. Praise good work, regardless who did it.
4. Be interested in others, in their pursuits, their welfare, their homes and families. Let everyone you meet, however humble, feel that you regard him as one of importance.
5. Keep the corners of your mouth turned up.
6. Keep an open mind on all debatable questions. Discuss, but don't argue.
7. If you have virtues, let them speak for themselves. Refuse to talk of another's vices.

"Sunshine Magazine"

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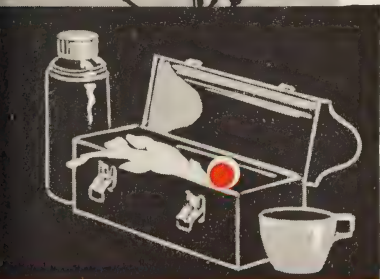
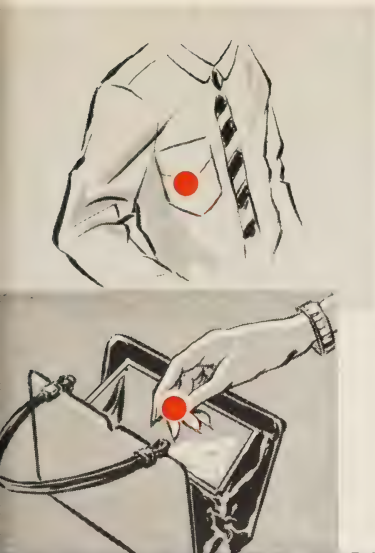
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THANTIS—the throat lozenge with proven reliability and effectiveness in clinical and lay use—is now available in a NEW DISPENSER-PAK containing a roll of 25 individually foil-wrapped lozenges.

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THE *M*ARYLAND PHARMACIST



Inside This Issue

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by Samuel W. Goldstein

DRUG PRODUCT QUALITY MEASUREMENT IN A MEDICAL
ASSISTANCE PROGRAM

by Dr. John B. DeHoff

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLI

MARCH 1966

No. 6

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PATRONIZE OUR ADVERTISERS

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Editorial

"For Our Dignity And Prestige"

COLE PHARMACY MUSEUM

SWAIN MODEL PHARMACY

The Cole Pharmacy Museum, sponsored by the Maryland Pharmaceutical Association, has now been established in the Kelly Memorial Building, headquarters of pharmacy in Maryland. This museum has been named in honor of an illustrious alumna of the University of Maryland School of Pharmacy who served on the faculty and as Acting Dean.

Miss Cole also contributed to the profession through her writing, which still continues, on the history of pharmacy in Maryland. We are indebted to her for her research into the early history of the University of Maryland School of Pharmacy, the Alumni Association and the Maryland Pharmaceutical Association, as well as the history of the practice of pharmacy in her native State.

Now, with the installation of cases in the foyer of the Kelly memorial Building, "phase one" of the Cole Museum is complete. We are especially fortunate in receiving the major portion of the priceless pharmaceutical collection of the late L. Manuel Hendler. Memorabilia from the distinguished careers of Miss Cole, Dr. Robert L. Swain and Dr. E. F. Kelly will also be housed in the museum. Working tirelessly to display and arrange these valuable artifacts of pharmacy is Morris L. Cooper, who, as curator, contributes many hours and days of his time.

The Swain-Cole Fund has been founded to enable the establishment of the Swain Model Pharmacy and the Cole Museum, which will include the L. Manuel Hendler Apothecary Shop. The Swain Model Pharmacy is now being installed in the Dunning Hall of the University of Maryland School of Pharmacy, adjoining the Kelly Memorial Building.

All alumni, pharmacists, members of the drug industry and friends of Miss Cole and Dr. Swain will receive a brochure with the opportunity to contribute to these two projects. As the brochure states, "it is the profession of pharmacy itself which stands to gain the most in dignity and prestige through this display of these treasures of the past, and the use of this model pharmacy of the future."

We are especially indebted to the vision and patient efforts of the Chairman of the Swain Model Pharmacy and Cole Museum Committee, Irving I. Cohen. Through his complete dedication to the realization of these goals, progress to this point has been made possible.

The dedication of the Swain Model Pharmacy is planned for the Fall of 1966 when the University of Maryland School of Pharmacy observes the 125th Anniversary of its founding.

We are confident that all members of the pharmaceutical community—both in Maryland and elsewhere—will wish to participate in these projects, which advance the profession of pharmacy, through a generous gift to the Swain-Cole Fund.



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President's Message

Dear Fellow Members:

I should like to take a few lines of this issue of *The Maryland Pharmacist* to record a few observations regarding the Maryland Welfare Program and the pharmacist. I look back at the "thirty-five cent fee" and "cost of container" era and then assess our present day structure. Not too long ago, the retail pharmaceutical practitioner was clearly subsidizing the Welfare Program, where it pertained to medication. I know it was with reluctance but most of us did accept this program as a way of life. Looking back at the complete picture one wonders why the health professions always were singled out to contribute services and materials to a State that was paying the full price for any other services they purchased (for example: road and building construction, bridge building, fuel supplies and so on).

The Maryland Pharmaceutical Association assumed the responsibility for restoring proper remuneration to the pharmacists for filling these medical care prescriptions. The committees and representatives assigned to this task worked relentlessly to achieve an acceptable fee structure and it was with a great deal of satisfaction that Gordon Mouat, the present navigator of the program, announced our new one-dollar and two-dollar fees. The office already has informed you of the accomplishment and related details, so I will not dwell on those.

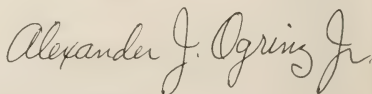
Several points, however, are worthy of note as we examine our present relationship with the State. First, we have not been burdened with unnecessary regulations and cooperation has been excellent. Secondly, the dignity of pharmacy has been preserved. The physician, too, has been given a fairly free range in prescribing. These factors alone tend to keep pharmacy on an even keel.

I have visited the Baltimore City Medical Care facilities, spoken to everyone connected with the processing of these prescriptions and must report an excellent relationship. I also had the privilege of being invited to the Pharmacy Services Committee meeting, at which I observed Chairman Mouat and Messrs. Yaffe, Fedder and Gruz in action. I can sincerely report to you that they are not resting on their laurels. Already they have presented a very concise and worthy proposal for the 1967 budget, the enactment of which all of you would find satisfactory. These gentlemen have projected pharmacy into its proper perspective within the medical care picture. This we will all agree is an imperative program at this time.

I regret that time and space does not permit analysis of each of the Association's programs, but I can assure you that all committees are working with comparative zeal.

I am proud and grateful for such devoted service.

Sincerely,



President

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Secretary's Script . . .

A Message from the Executive Secretary

Pharmacists and Medicare

Medicare legislation, long opposed by organized medicine and pharmacy, will bring more adequate health care to many segments of the population. The aged over 65, the medically indigent, dependent children, the blind — all will have new channels of medical care open.

Alert pharmacists will be able to take advantage of new opportunities to expand their pharmaceutical services to the community. All pharmacists will be able to share in the increased number of prescriptions that will be generated as various provisions go into effect.

Many community pharmacists will find that they can serve as part-time pharmacists or pharmacy consultants to nursing homes and extended care facilities. It will be necessary for such pharmacists to become skilled in the pharmaceutical and administrative procedures required to meet the needs of these institutions. Pharmacists will have to become conversant with both Title XVIII and Title XIX of the Social Security Amendments of 1965 (Medicare).

Guidelines are being laid down for the hospitals, nursing homes and other institutions that wish to qualify for remuneration for health care provided to beneficiary patients. Pharmacists will have to become expert regarding the guidelines laid down for pharmaceutical services in those institutions which request accreditation.

As details become available, the Maryland Pharmaceutical Association

will familiarize members with requirements.

Swain Pharmacy Seminar

The 1966 Robert L. Swain Pharmacy Seminar was received enthusiastically by the community and hospital pharmacists who attended.

Continuing education has become an integral part of the life of professionals in all fields and pharmacy can be no exception. The Maryland Pharmaceutical Association, along with the University of Maryland School of Pharmacy, has been sponsoring the one-day Swain Pharmacy Seminar as a first step in a continuing education program. Surely every pharmacist must now realize that pharmaceutical knowledge rapidly becomes obsolete a few years after graduation. The time is rapidly coming when a pharmacist will have to devote several days a year to refresher courses. Attendance at the MPA convention, Simon Solomon Pharmacy Economics Seminar, A.Ph.A. Annual meetings, regional meetings of the Academy of General Practice of the A.Ph.A., as well as those of local pharmaceutical associations devoted to professional subjects, is essential to keep a pharmacist well informed.

The pharmacist who allocates time in his schedule to continuing education will be in the best position to serve his community. He will be the pharmacist who is best qualified to serve as a drug consultant to small hospitals and nursing homes as well as the physicians, dentists and other health practitioners in his area.

MPA Convention

Registrations for the 84th Annual Convention of the MPA are already coming in. Have you mailed in *your* reservation?

The changes affecting pharmacy practice will have an impact on every pharmacy practitioner.

Never before has it been so vital for all pharmacists to participate in the work and decisions of his state professional pharmaceutical society.

Nathan I. Gruz
Executive Secretary

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Pharmaceuticals—Brand Name and Generic: What are the Differences?

By: SAMUEL W. GOLDSTEIN*

Presented at the Annual Robert L. Swain Pharmacy Seminar, March, 1966.

I accepted the invitation of Executive Secretary Nathan Gruz, not so much because I thought I could further enlighten you, but rather to take this opportunity to participate in a Robert L. Swain Seminar. These programs reflect to some extent Dr. Swain's devotion to pharmacy and his inspiration to all who knew him or know of him and his contributions to pharmacy in Maryland and the United States.

The subject for this panel presentation is one that can cause, at times, emotional disputes. We might try to say it in different ways, but the Estes Kefauver legacy in this area is a directive to the U.S. Department of Health, Education and Welfare, operating through FDA, to attempt to have so-called "established names" that are as easy to say and to write as are the trade-marked names of the corresponding drugs. And FDA, by its regulation that the nonproprietary name must be printed every time the trade name is printed, is making its strongest effort to popularize the "established name" among those who prescribe and dispense medicinal agents.

Until now the greatest effect of the 1962 amendments on the nomenclature provisions of the Federal Food Drug and Cosmetics Act has been to limit the names of drugs in the official compendia to the official title as the established name. This is the reason that those of you who frequently refer to the National Formulary and the United States Pharmacopeia have not seen the old synonyms that were given in the compendia monographs previous to N.F.

XII and U.S.P. XVII. The law said: take them out; there can be only one (1) established name. Those who read the compendia from cover to cover have already discovered that, as an aid to old-timers during the transition period, the N.F. and the U.S.P. have listed the old synonyms and former names of official drugs in the information sections of the books.

I am here to dissipate any emotional tension that might result from a discussion of the subject before us. One emotion that I might stimulate is nostalgia.

It was during the 1959-1961 period that the World Health Organization, the British Pharmacopoeia Commission, and the original A.M.A.-U.S.P. Nomenclature Committee activated their programs of devising names for new chemical compounds that might become therapeutic agents. About the same time, Mr. Kefauver became politically obsessed with the idea of "one-name, one-price" for drugs of the same chemical composition and for their dosage forms.

During and since my pharmacy student days, I have deeply sympathized with the practitioner who must remember so many names of different drugs and different names for the same drug, particularly if he did not have an exceptional memory. There were many kinds of listings of drugs, but I felt there was a need for a simple, limited listing for quick cross-reference, by the pharmacist particularly, that would correlate trade names and official titles of drugs.

In 1955, I decided to do something about it. The opportunity presented itself when, at that time, I was invited to discuss the new U.S.P. XV and N.F. X at a meeting of the Maryland Pharmaceutical Association. I knew my old

*Assistant Director, Scientific Division, American Pharmaceutical Association.

friends would give me a kind and attentive hearing, but I wanted to reward them for it. The compilation of a mimeographed, cross-referenced listing entitled, "Drug Products—Official Titles and Trade Names," was completed in time for the meeting, and it was made available at the end of my speech. The interest in such a listing was immediately apparent; the entire lot was taken, and many requested additional copies. In order to acquaint my then superior at A.Ph.A. Headquarters, Dr. Robert P. Fischelis, with the demand for the compilation in the hope that A.Ph.A. would continue the project, requests for copies of the pamphlet were directed to him. Dr. Fischelis recognized the demand. The pamphlet was rearranged, and it has been revised three times; the latest revision includes the drugs in the 1965 editions of the U.S.P. and N.F. The latest revision of the booklet has been incorporated into the USAN Council program.

Regulated Nomenclature

When a pharmaceutical scientist thinks of a medicinal substance, he pictures the research that was performed to obtain or synthesize the substance, and the steps required to purify it to meet suitable standards. If either the U.S.P. or N.F. finds the drug suitable for admission as a therapeutic agent, a monograph is developed which includes essential minimum requirements of tests and assay for identity, strength, quality and purity. I might stress that the compendial requirements are standards of minimum limits that must be satisfied before the article may be labeled with the official title, with or without the added designation of "N.F." or "U.S.P." The manufacturer is bound to meet at least the compendial minimum standards and, if possible, approach theoretical perfection. But, even if perfection is achieved, the product is meeting the compendial requirements and cannot correctly be claimed to be better than the official standards. The ethics of the manufacturer and the skill

of his research, development, and control personnel will largely determine how near to perfection the product will be.

It has not been so many years since some of you, or your fathers, thought the inorganic chemistry instructor was a so-and-so because he expected students to know that the Class Study Assignment included the formula for something like permanganate or dichromate. You or they later learned that those compound formulas were simple when organic chemistry required understanding the translation of tongue-twisters to two-dimensional structural formulas. Inorganic nomenclature has been fairly stabilized for a long time because international agreement was achieved, to a large extent, years ago. We are now witnessing attempts to do the same with organic chemical names, with abbreviated versions of those names, and with shorthand versions in the devising of nonproprietary names.

In the United States, we have the USAN Council (or the United States Adopted Names Council) comprising representatives from the American Medical Association, the American Pharmaceutical Association through the National Formulary, and the United States Pharmacopeial Convention through the U.S. Pharmacopeia.

Britain has its BAN (the British Adopted Name program of the British Pharmacopoeia Commission) and the United Nations has, through its World Health Organization, INN (International Nonproprietary Name). Progress is being made to the extent that these various groups have agreed on a significant number of abbreviated designations for organic chemical moieties and molecules. In some instances the different nomenclature groups have started with a chemical name and have concluded with an almost identical "shorthand name" or nonproprietary name. Slight variations are usually eliminated by conference in order to have, whenever it is feasible, one international

name. In some instances, the name variations are difficult to resolve because they are directly related to the existing differences in the basic principles followed by the nomenclature experts.

Guidelines for Experts in Nomenclature

It is only natural for a chemist-expert to want even an extremely abbreviated name to give clues to its chemical origin. A pharmacologist-expert would prefer names that reflect or indicate a part or all of the pertinent pharmacodynamic or therapeutic action of the substance. The British and W.H.O. groups have guiding principles that are oriented mainly toward chemical connotation, and avoidance of pharmacological suggestion or therapeutic indication.

The USAN Council follows these general rules:

1. A name should be distinctive in sound and spelling. It should be conveniently short and be such as to minimize the risk of confusion with other names currently or formerly in common use.
2. A name should indicate the general pharmacologic or therapeutic class into which the substance falls or the general chemical nature of the substance if the latter is associated with a specific pharmacologic activity.
3. The name of the first or parent substance of a new group should embody a syllable or syllables characteristic of that group. A name of a member of the same group subsequently introduced should incorporate the distinctive letter combination in such a way that the association will be recognizable.

The American guiding principles are less restrictive and, to some extent, permit devised names to reflect the view of the chemist or the pharmacologist. The possible difficulty is faced by the uninformed who might try to rationalize the chemical identity of a compound from

the nonproprietary name that has been pharmacologically oriented.

One should not feel that strange things are happening in nomenclature. Years ago, we accepted without question the common name for the ortho-carboxyhydroxybenzene. Even now, that name, which is clearly descriptive to a pharmaceutical chemist, sounds strange to most of us who know the compound as salicylic acid. Some of us might recall vaguely that the whole organic chemical cyclic system was in some way related to Kekule's vision of snakes joined mouth-to-tail to form benzene rings or hexagons. If Kekule were reporting his vision today, someone would almost certainly spring to his defense. They would plead that Kekule should not be condemned for his hallucinatory state; that he really was sick, that seeing snakes was only a symptom, and that he could be cured and restored to a normal and productive life. Fortunately for Kekule, and for posterity, he continued to be abnormally productive.

Chemistry students in the next generation will see nothing strange in being told to learn that an organic radical or moiety is named closylate; even as we accepted the same radical designated as para-chlorobenzenesulfonate; or the similar relation of camsylate to camphorsulfonate, or cypionate to paracyclopentylpropionate.

Now we might start with a hypothetical chemical compound, dichloromethylhydropiperidinyl 4,4'-methylenbis (3-hydroxy-2-naphthoate), and all the nomenclature authorities could arrive at the nonproprietary name "clomedroxyl pamoate." The experts "in the know" could probably reconstruct the chemical name and therefore know what it represents. The present and future students of pharmacy and medicine will accept what these experts are so laboriously devising. There is always a transition period for a new development, and nomenclature is no exception.

Thousands of practicing pharmacists and physicians, and others in the health field, will, for some time to come, be unable to interpret the assigned nonproprietary names of new medicinal agents. But they will relate the name to the agent and its use; and, if it is short, they might remember it in addition to that other word—the trade name. The main difference between the names at the present time is that the trade name has been devised with an eye and ear to ease of reading, writing, pronouncing, memorizing, and (in many instances) relating the product through its name to its recommended application.

Effect of USAN on Future Nomenclature

When one takes into consideration the fact that the USAN program is only in its fifth year of operation, its progress and achievements are very encouraging. Already a significant acceptance by the pharmaceutical industry and the indicated informal approval by some federal government agencies have facilitated the USAN Council's contribution to a more rational and reasonable situation regarding the assignment of nonproprietary names to new compounds that are being considered for use as therapeutic agents. The extent to which this more rational approach will lessen the chaotic condition that stemmed from the haphazard naming of compounds will become more evident as the newer medicinal entities replace those that become obsolete. And, in these times, the rate of drug obsolescence is fairly rapid. The former unorganized procedure of naming new compounds often resulted in having one substance appearing in the chemical, medical, and pharmaceutical literature under five or more nonproprietary names in addition to more than one chemical name and various code designations. The USAN program hopefully will limit the nomenclature for each new substance to one nonproprietary name. Although this

would not affect the number of trade names, it should be clear that the recording and memorizing of names pertinent to a single drug substance should be very significantly simplified by this progressive program.

Dosage Forms

When the pharmaceutical scientist considers the drug dosage form that is prepared to make the medicinal substance suitable for administration, he thinks primarily of the physiological availability of the drug from the dosage form to the patient. The Kefauver concept of a medicinal substance being the same from any and all sources begins to run into difficulty at this point. If the substance with the same chemical name and the same established name or so-called generic name is prepared by different manufacturers, it might possess certain variable characteristics that might not be detected by the established test procedures. Even if all the lots of the drug are found to meet every conceivable test, this does not guarantee that the dosage forms prepared from the drug will be identical. Furthermore, if 10 different tablet formulations start with portions of a drug from a batch that was prepared by only one manufacturer, one cannot say with certainty that the drug will be as readily and completely available to the patient from each of the 10 lots of tablets—even assuming that each lot meets the new content uniformity test.

How then can a pharmacist tell if Tablets of X drug offered for sale by firms A and B are medicinally better than the tablets with the same official name being offered by firms C through G? The pharmacist who accepts the appraisal of a layman, and proceeds on the assumption that the tablets are equivalent because of the remote possibility that some enforcement agency, like FDA, has tested them all, is hardly utilizing his professional knowledge. He might, however, proceed on the basis of his questionable assumption to se-

lect his stock simply on the basis of lowest cost to him. He might justify his selection by saying, "How can I tell that the cheapest is not also the best product?" Indeed, it is conceivable that such a happy coincidence might occur.

The community pharmacist is not in a position to test all the products he buys. He is fortunate that distributors of drugs and dosage forms labeled to be U.S.P. or N.F. must meet the compendial standards, and to that extent he has some assurance that he is handling good drugs. But it is easier for him to learn something about the drug manufacturer than about his individual products. Does the firm have an up-to-date control department? Can you depend on the firm's formulators to consider factors that might affect drug availability — factors such as the isomeric form and crystalline size of the drug, its stability during the processing of the dosage form, the selection of the excipient and filler to avoid chemical binding or complexing or irreversible absorption of the drug, the proper compression force to make a tablet that will disintegrate before passing through the entire alimentary tract? Can the pharmacist feel confident that the firm has run clinical tests on his new dosage form and has correlated his manufacturing and control department procedures with the clinical availability of the drug?

You will note that I have not said, and I do not imply, that all of these valuable tests and procedures are carried out only by the large, well-known pharmaceutical manufacturers. A small, or even a one-product firm can do all these things. Of course he would hardly be the low cost supplier, and probably the old, large firm would not be the low cost supplier either. The old cliché "you get what you pay for" usually applies to drugs as well as to other materials in our competitive economic system.

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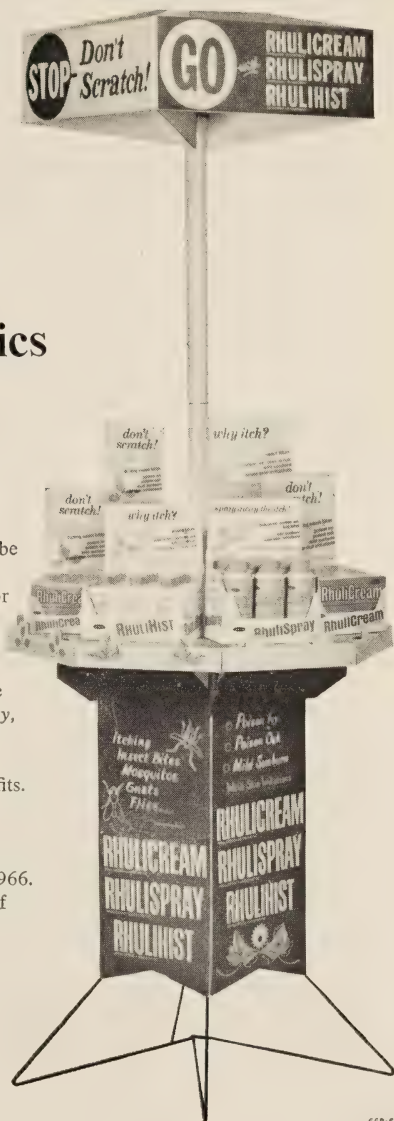
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SWAIN SEMINAR

The annual Dr. Robert Lee Swain Pharmacy Seminar was held Thursday, March 3, 1966 at the Health Sciences Library Auditorium of the University of Maryland. It is co-sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy with the assistance of a grant from Smith, Kline and French Laboratories.

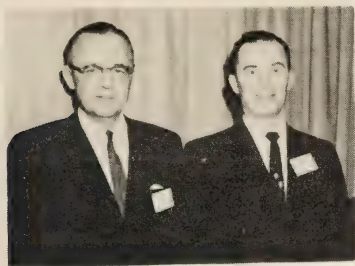
The morning session, chaired by Dr. Casimir T. Ichniowski, Professor of Pharmacology, had as its general subject "Antibiotics and Sulfonamides." Under this heading, four talks were delivered by authorities in their fields. The first was a "Review of Microbiology and Antibiotic Spectra" by Dr. Donald E. Shay, Professor and Head of the Department of Microbiology of the University of Maryland Schools of Pharmacy and Dentistry. This was followed by "Antibiotics: History, Nomenclature and Classification" by Dr. Kenneth L. Euler, Assistant Professor in the Department of Pharmacognosy at the School of Pharmacy. Dr. Peter P. Lamy, Assistant Professor in the School's Department of Pharmacology delivered the next topic, which was "Pharmaceutical Aspects of Antibiotics." The final talk of the morning session was delivered by Dr. Carl W. Driever, also an Assistant Professor in the School of Pharmacy's Department of Pharmacology, whose title was "Sulfonamides: Past and Present."

A panel discussion dominated the afternoon session of the Seminar, and this program was chaired by Alexander J. Ogrinz, Jr., President of the Maryland Pharmaceutical Association. The title of the panel was "Pharmaceuticals—Brand Name and Generic. What are the Differences?" and the distinguished participants were Dr. Samuel Gold-

stein, Assistant Director of the Scientific Division of the American Pharmaceutical Association; Dr. John G. Adams, Director of the Office of Scientific Activities of the Pharmaceutical Manufacturer's Association; Dr. John B. DeHoff, Acting Director of the Medical Care Services of the Baltimore City Health Department and Ursula Heyer, Chief Pharmacist of the Greater Baltimore Medical Center.

The Swain Pharmacy Seminar is dedicated to the memory of a man whose life was devoted to the profession of pharmacy. He attained much recognition for his activities, including positions as Secretary of the Maryland Board of Pharmacy, President of the Maryland Pharmaceutical Association and editor of *The Maryland Pharmacist*, and a past president of the American Pharmaceutical Association and the National Association of Boards of Pharmacy. He served on the American Foundation for Pharmaceutical Education, the American Council on Pharmaceutical Education and the Committee on the Pharmaceutical Survey. For many years, he was Chairman of the Trustees of the United States Pharmacopeia as well as editor of *Drug Topics* and *Drug Trade News*. Dr. Swain died on February 4, 1963 and was mourned profusely by his colleagues in the world of pharmacy.

The seminar itself was conceived as an exercise of the responsibility of both the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy to foster the practice of continuing education for members of the profession, based on the belief that current knowledge in the health professions must be made available to and taken advantage of by its constituency in order to be able to meet the challenges of change.



LEFT TO RIGHT: Dean Noel E. Foss and James P. Cragg, Jr., Co-Chairman and Chairman, Swain Pharmacy Seminar.



LEFT TO RIGHT: Seminar speaker Dr. Kenneth L. Euler, Dr. Peter P. Lamy, Dr. Casimir T. Ichniowski (Chairman), Dr. Carl W. Driever and Dr. Donald E. Shay.



Swain Seminar Panelists (left to right): Dr. John G. Adams, Ursula Heyer, Alexander J. Ogrinz, Jr. (Moderator), Dr. John B. DeHoff and Dr. Samuel W. Goldstein.

Pharmacy at Careers Exposition



Exhibit On Pharmacy Careers, Baltimore Civic Center, March 28 - April 1

The week of March 28 found the Baltimore Civic Center the focus for a "1966 Careers Opportunities Exposition" sponsored by the Baltimore Junior Chamber of Commerce.

The profession of pharmacy was represented by a booth containing a technical exhibit which was designed to improve the public image of the pharmacist. The display was submitted by the Maryland Pharmaceutical Association in cooperation with the University of Maryland School of Pharmacy and its Alumni Association.

The booth was staffed throughout the week by faculty and students of the School of Pharmacy and by practicing pharmacists; they personally answered thousands of questions put to them by a healthy percentage of the

40,000 secondary school students from the Greater Baltimore area who attended the exposition. Personnel from the school of pharmacy displayed a hand-operated tablet machine and testing apparatus which demonstrated friability, hardness and disintegrating properties of the pills. One of their main jobs was underlining the less obvious and well-known opportunities for pharmacists which exist in hospitals, government installations, manufacturing and research. Many hundreds of booklets and brochures encouraging students to consider a career in pharmacy were distributed.

The entire exposition, which was open during the evening hours to the parents as well as the general public, was considered a huge success, and pharmacy can point with pride to its share in the proceedings.



Drug Product Quality Measurements in a Medical Assistance Program

By JOHN B. DE HOFFA, M. D.

Assistant Commissioner of Health

Acting Director Medical Care Section, Baltimore City Health Department

The following was delivered at the Robert L. Swain Pharmacy Seminar on March 3, 1966, at the University of Maryland Health Sciences Library.

The Baltimore City Health Department now finds itself in the position of being its druggists' largest customer, with the Medical Care Section having paid out \$1,708,118 in 1965 to Baltimore pharmacists for prescriptions. About \$1,130,000 went to pay wholesale drug costs, and the remainder, \$580,000 constituted professional fees for 682,000 prescriptions. Averaging the cost, one finds that prescriptions accounted for 37.7 percent of the annual medical care expenses of Medical Care for the Indigent (MCI) patient, or \$15.52, and they were 58.8 percent or \$52.54 of expenses for a person receiving Medical Assistance for the Aged (MAA) benefits. The total amount the City of Baltimore spent on drugs took a 38 percent bite out of MCI money and a 59 percent bite out of MAA, with an overall 52 percent of our total budget.

When large budgets are composed of many small expenditures, administrations become sensitive to variations in small-change charges, and will object to needless duplication of expenditures. This means that the Baltimore City Health Department is as keenly aware of pennies in its multimillion dollar budget as druggists are in their business. Furthermore, the Medical Care Section wishes to minimize the processing of multiple small charges, much as a pharmacist objects to unnecessary deliveries of small items.

In this panel discussion we are considering the question of generic names as related to proprietary or store-owned names, when they are applied

to potent and effective pharmaceutical products. No longer is this an "either-or" proposition, because federal regulations assure that both names will be on packaging and product information, or just the generic name — if there is no proprietary name.

We have heard that generically named drug products caused confusion because of unfamiliarity, may permit unauthorized substitutions, work hardships on druggists' and physicians' memory and handwriting, and that they may cost less. We have also heard that proprietary or trade named drug products cause confusion because of similarity among them or because the names have no relation to basic ingredients, that they work hardships on druggists by increasing their inventory, and that they unduly or unwittingly sway a physician's judgment — and they cost more. Any of these opposing arguments — and many more — have been successfully rebutted, but keep reappearing.

The central problem facing us — not only in today's discussions, but in every purchase and sale every day — is the quality of the product. Quality determinations are often deceptively simple, because you alone make this value judgment. It is usually when several of us in committee try to adapt our opinions and values, or reach for new standards, that we encounter confusion. Should our professional groups fail to achieve satisfactory or uniform standards, we may find our government employing consultants — perhaps the same professionals — requiring that they furnish standards to apply to an industry or profession.

What is this intangible called Quality? How shall it be measured and in what dimensions? A pharmacist makes

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these quality decisions daily when he buys oil or gasoline for his automobile, when he buys food or beverages for his store or family, when he orders prescription labels and containers, or employs a relief man, or decides on a vacation resort. How does he judge quality then?

Let me list a few determinants of quality we would probably agree on. These measurements apply in a broad fashion to other than pharmaceutical products, and thereby permit slightly less emotional evaluations.

First, I am interested in effectiveness. Does the product satisfy the patient and the physician? Does it meet the need it was created for? Does it do what the maker says it can? Two standards of effectiveness apply: First, does it truly affect a disease in its course, or does it agreeably abate symptoms? This measures effectiveness of the drug category itself and our medical journals constantly furnish data on this effectiveness. But in our quality decision about a product, we also compare its effectiveness with the same drug produced by another manufacturer. Actual or relative potencies, manner of preparation, rates of deterioration may make one preparation less effective than another; here your pharmaceutical journals keep you informed through reliable research.

Second, I would consider the manufacturer's reputation. Professional repute competes strongly with effectiveness for first place in my quality considerations. Certainly, we weigh this element before any medicine is used, and were there no other reason for preferring one drug to another, the manufacturer's reputation would prevail. Please note that I consider a reputation to have no necessary relationship to size of company, area of product, distribution, or volume of gross sales.

In our business we should judge a product not on advertising agency claims, but should depend on our previous clinical or pharmacological ex-

perience with the company's products, and our professional relationships with its agents or representatives. We appreciate accurate and helpful advice, respect ethical and timely support of their products, and are grateful for prompt exchange of pharmaceuticals when correction is required. In short, we know which firms are honest and trustworthy. Honesty is the stock-in-trade of our two professions; and if our trust is desired, manufacturers, large and small, should know that they must demonstrate their trustworthiness continually.

Next, I depend on your profession and on our Food and Drug Administration to police for me two attributes beyond my professional skills — to measure purity and uniformity. Only you can assure that properly selected batches of a drug or drug product underwent pertinent assay; that each prescription has been accurately filled; and that, dose after dose and prescription after prescription, the chosen drug will be precisely measured, uniformly potent, and safely pure.

As one sign of the manufacturer's interest in my patient, as well as in his product, you have taught me to look at the *finish*. Bottles, tubes, labels, printing, inserts, even the references on the insert put there to satisfy FDA, interest me. Like you, I enjoy signs of pharmaceutical excellence — clean capsules, unbroken tablets, sharp imprints, smooth mixtures, clear liquids, non-packing suspensions.

Shelf-life and expiration dates measure durability. This is a retrospective quality index; it appears after you bought the product. Yet durability contributes to pharmaceutical quality in maintaining potency, purity, uniformity, finish, and effectiveness.

Lastly, I would make a price comparison. Let me remind you that this talk opened with a discussion of costs. Cost factors figure in all of our choices of quality, and lead to discussions of economy. Too many people wrongly consider an "economical purchase" to

be that which costs least. If money were the only deciding factor, our problem might be solved, but we must face the decisions of "How much value can I get with the money I have to spend" and "How much am I willing to do without to get how much more". None of these questions have clear-cut answers. Economy is another phrasing of choosing, of pitting the question, "How much money?" against "How much value?"

Any cost depend on a ratio of product price to value received. With pharmaceuticals, cost includes delayed or incomplete recovery as well as dollars; value likewise includes speed or degree of recovery. In this formula, $\text{Cost} = \frac{\text{Price}}{\text{Value}}$

with a constant or equal value, the cost rises or lowers with price. Cost also rises with diminishing value, whether price remains constant or diminishes to a lesser degree than value. When price and value are both less, but the proportion the same, cost remains unaltered. However, improperly labelled, less potent medicine, deceptively cheaper, may be disastrously expensive when it fails to do the job.

The administrator of a medical care program, or hospital, or any other customer of limited means, deserves no blame for choosing a lower priced product of equal potency and effectiveness. The contributions of our large pharmaceutical manufacturers are admirable,

but we are charged with securing a quality product for those people in our Medical Care Program at a price that our responsible taxpayers can afford. We must depend on quality as defined above, and this definition includes effectiveness, price and confidence in the manufacturer.

And here we are just where we started — you and I both should be excellent judges of quality — you and I certainly want the best we can buy for the money we have to spend. Neither of us has all the money the salesman would have us spend. You have a special training which prepares you to make quality judgments apart from just price and independent of nomenclature, be it generic or proprietary.

The Baltimore City Health Department, in its huge purchase of drugs through individual prescriptions and occasionally in bulk, sincerely wants high quality as measured by effectiveness, uniformity and accuracy. But we want also to make your money which comes to us through city and state and federal tax channels get as much quality as possible for everyone.

We believe that any funds, public or private, are wasted on products of low quality. Most important, we admit our great dependence on your priceless ingredient, on your professional skills and integrity, to help us guard the health of Baltimore, safely and economically.

—O—

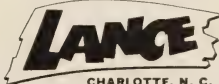


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1845-1965

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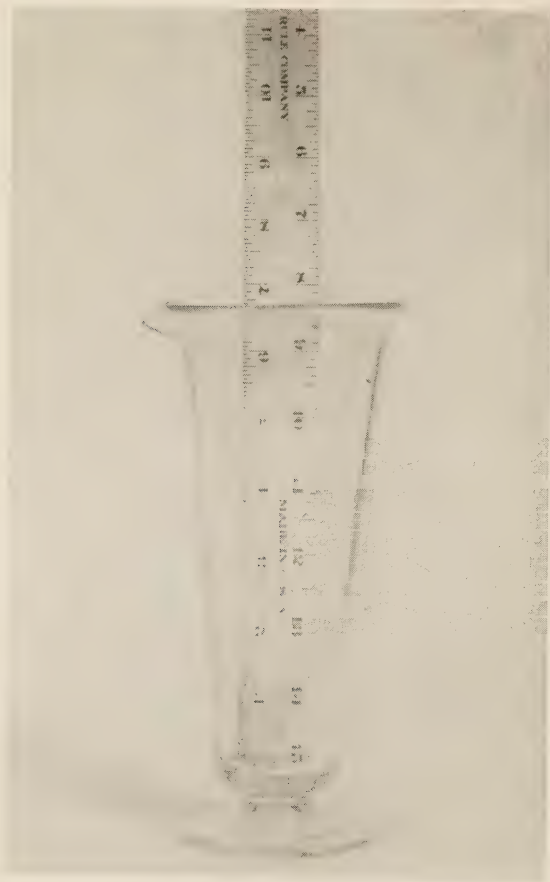
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PRESIDENT'S MESSAGE

The most important legislation concerning health in recent years is the Social Security Amendment of 1965, commonly known as "the Medicare bill."

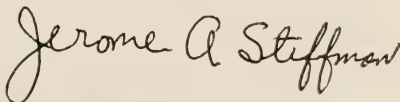
Because of the cost factor, one of the most important provisions, that pertaining to prescription drugs and pharmacy services, was not included in the bill.

Members of the National Association of Retail Druggists under the directorship of Willard B. Simmons, have had many conferences with Representative Boggs (D., La.), Majority Whip of the House of Representatives, and a highly important member of the House Ways and Means Committee. As a result of these conferences, H.R. 14597 was introduced into the House; it provides the opportunity for medicare recipients to obtain their personal prescription requirements through the pharmacy of their choice.

It is absolutely imperative that every pharmacist call or write to his own Congressman regarding this pending legislation. Be sure to mention the Bill number: H.R. 14597.

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President

• T. A. M. P. A. TATTLER •

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Joseph Muth

George H. A. Kommalan, Board Advisor

L. Scott Grauel

Volume 24.

MARCH 1966

No. 5

TAMPA NEWS

by Joe Hugg

After a stormy voyage and unable to make port as originally planned in February, the good ship TAMPA docked at Fleet and Highland at 8 bells on Saturday, March 5. In less time than it takes to tell about it, all hands had mustered at the raw bar for oysters and clams, and at the other bar for . . . er . . . "goat's milk."

Ab Leatherman and his boarding party cleared the rails with gusto. After filling their gullets, they took over the wardroom and repaired to the tables of chance. The Quartermaster Quartette led by Bernie Ulman and "deck Hand" Dick Crane and his accordion rendered some appropriately nautical tunes.

Ensign Lou Glaser, popular local pharmacist, made his first public appearance after a spell in sick bay, and his shipmates were happy to see him looking so well. Boswain Charley Becker took up his usual stand and continued his lessons at Pishie Pashie. Some of the crew were father and son, making it a family affair. Bob Williams and his dad

enjoyed themselves as did Abrian Bloom and his father (Skipper Herman . . . who else?). Al Callahan's father-in-law, Gerry Easer, was making his first appearance after a spell of sickness.

All hands went their merry way following a pleasurable afternoon as another annual oyster roast was duly recorded on the S.S. Tampa log.

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1966 - - Graduating Seniors

U. of M. School of Pharmacy

CODE: 1. NAME—2. HOME—3. EMPLOYMENT PREFERENCE



1. Avery, Carolyn
Jane
2. Baltimore
3. Baltimore



1. Berry, John T.
2. Baltimore
3. Metropolitan-
Baltimore Area
(Arbutus)



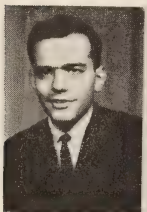
1. Bloom, Barry
Louis
2. Baltimore
3. Metropolitan
Baltimore



1. Christian,
Mitchell A.
2. Baltimore
3. Montana



1. Cohen, Michael
Jay
2. Baltimore
3. Baltimore



1. Courpas,
Anthony Leo
2. Baltimore
3. Baltimore,
Baltimore
County



1. Dailey, John W.
2. Westernport,
Maryland
3. Western
Maryland



1. Donnelly,
John A.
2. Baltimore
3. Baltimore &
Anne Arundel
County



1. Edmondson,
William H.
2. College Park
3. Maryland



1. Eng, Frederick
Thomas
2. Baltimore
3. None



1. Erdman, Sheldon
Norman
2. Baltimore
3. Baltimore



1. Fischer, Bernard
A. III
2. Baltimore
3. Baltimore



1. Fleischer,
Charles A.
2. Glen Burnie
3. Glen Burnie or
Baltimore



1. Heer, Roger G.
2. Towson
3. Northern
Maryland



1. Hess, Gary L.
2. Baltimore
3. Baltimore

Graduating Senior—U. of M. School of Pharmacy

CODE: 1. NAME—2. HOME—3. EMPLOYMENT PREFERENCE



1. Hoffman, Ronald
Harvey
2. Randallstown
3. Baltimore
County



1. Johnson, Eugene
M., Jr.
2. Baltimore
3. Baltimore



1. Lessing, Melvin
2. Baltimore
3. Baltimore



1. Lindenbaum,
Ronald Lee
2. Baltimore
3. Northwest
Baltimore Area



1. Martin,
Lawrence
2. Charleston,
West Virginia
3. Northeast
Baltimore



1. Meyer, H. Barry
2. Baltimore
3. Baltimore Area



1. Moore, William
2. Rehoboth Beach,
Delaware
3. Delaware



1. Musch,
Robert A.
2. Baltimore
3. Baltimore



1. Neiner, Joan
Marie
2. Sulphur,
Louisiana
3. Baltimore or
Baltimore
County



1. Pincus, Jack H.
2. Baltimore
3. Baltimore-
Metropolitan
Area



1. Rayman, Marsha
Jane
2. Washington,
D.C.
3. Washington,
Maryland Area



1. Spuras, Jenina
2. Baltimore
3. New York, N.Y.
Baltimore, Md.

more, please . . .

Graduating Senior—U. of M. School of Pharmacy**CODE: 1. NAME—2. HOME—3. EMPLOYMENT PREFERENCE**

1. Tannebaum,
Stanley
2. Baltimore
3. Baltimore Area



1. Tims, John M.
2. College Park,
Maryland
3. Maryland



1. Via, David M.
2. Baltimore
3. Maryland Area



1. Weiner, Myron
2. Baltimore
3. Baltimore City

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Dr. Krantz Alumni Guest Speaker

Dr. John C. Krantz, Jr. addressed the March 10 meeting of the Alumni Association of the University of Maryland School of Medicine at the Baltimore Union Building. His topic was "The Simplicity to Wonder," which reviewed some of the accomplishments of the pioneering scientists who made the major contributions to medical research through the years; it emphasized that their curiosity and patience were the two main forces behind their momentous discoveries.

A large audience came to listen to Dr. Krantz, who retired in September from his position as Professor and Head of the Medical School's Department of Pharmacology. Dr. Noel E. Foss, Dean of the School of Pharmacy, introduced Dr. Krantz.

Harold P. Levin is President of the Alumni Association, whose regular meeting heard greetings from Dr. Albin O. Kuhn, Vice President for the Baltimore Campus and brief remarks by Mr. J. Logan Schutz, Executive Secretary of the University of Maryland Alumni Association.

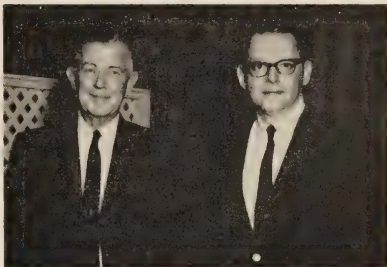
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Baltimore Veteran Druggists' Association Luncheon Meeting

March 16 was the date of the March meeting of the Baltimore Veteran Druggists' Association, which was held at the Baltimore Union.

Fraters' birthdays which were celebrated were those of Messrs., Ichniowski, Levin, Davidov, Weyprecht, Mayer, Leatherman, Warfield and Schmidt.

Robert O. Wooten is President of the organization.



Paramount Photo Service

Dr. John C. Krantz, Jr. (left) guest speaker, and Harold P. Levin, President, Alumni Association

SWAIN MODEL PHARMACY COLE PHARMACY MUSEUM



Paramount Photo Service

President Harold P. Levin (right) presents check for \$1,000 from the Alumni Association for the Swain-Cole Fund to Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association.

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Maryland Board of Pharmacy

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F. S. BALASSONE, B.S.
Secretary

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BALTIMORE, MARYLAND 21201

Store Changes

The following are changes which occurred in pharmacies during the month of March, 1966:

New

Dart Drug Corporation, Herbert H. Haft, Pres., 6147 Livingston Road, Oxon Hills, Maryland,

Drug Fair #97, Milton L. Elsbarg, Pres., 11 Golden Triangle S. C., Golden Triangle City, Ellicott City, Maryland.

Peoples Service Drug Stores, Inc. #249, G. B. Burrus, Pres., Landover Park Shopping Center, 6516 Landover Road, Landover, Maryland 20785.

Change of Ownership, Address, Etc.

Taneytown Pharmacy, Arnold L. Amass, Pres., 7 York Street, Taneytown, Md. (Formerly owned by Charles H. Hopkins).

No Longer Operating As Pharmacies

The Prescription Shop, David D. Greenfeld, Pres., 6630 Baltimore National Pike, Baltimore, Maryland 21228.

Read Drug & Chemical Company, 711 Frederick Avenue, Baltimore, Maryland 21228.

—NOTICE—

The Maryland Board of Pharmacy will conduct an examination for registration as Pharmacists at the School of Pharmacy, University of Maryland, 636 West Lombard Street, Baltimore 1, Maryland, on Monday, Tuesday, and Wednesday, June 20, 21, and 22, 1966.

The examination will begin at 8:00 A.M. each day.

Applications must be in the hands of the Board by Friday, June 10, 1966.

APhA MPA Student Chapter Meeting

The March meeting of the APhA-MPA University of Maryland School of Pharmacy Student Chapter took place March 8 in Dunning Hall.

Mr. Arthur W. Dodds, Chief of the Pharmacy Branch of the Division of Hospitals, Bureau of Medical Services of the United States Public Health Service spoke to the group about career opportunities in the Public Health Service.

William Edmonson is President of the Chapter.

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President Ogrinz Addresses Prince Georges-Montgomery Group

Alexander J. Ogrinz, Jr., President of the Maryland Pharmaceutical Association, addressed the March meeting of the Prince Georges-Montgomery Pharmaceutical Association which took place at the Hot Shoppe, Silver Spring Maryland, on March 8. He talked on "Current Problems in Maryland Pharmacy."

At the business meeting, the Association elected its officers for the year 1966-67. They will be Melvin J. Sollod, President; Paul Bergeron, First Vice President; Murray Rubin, Second Vice-President; Ervin Koch, Third Vice-President; Stanley Newhouse, Fourth Vice-President; Paul Reznick, Secretary and Richard Baylis, Treasurer. Members of the Executive Committee will be Richard D. Parker, Chairman, and Paul Fenton, Jr., N. W. Chandler, Samuel Morris, Melvin Chalet, Rudy Winternitz, Gabriel E. Katz, Joseph Shapiro, W. L. Brunnett, and D. J. Vacino. Ex-Officio members of the Executive Committee will be Ben Multz, James E. Carr, Eugene Kucevich and Robert Biagi.

Prince Georges and Montgomery County pharmacists participated with the Prince Georges Jay Cees in their Poison Prevention Week activities, March 20 through 26. Old prescriptions were deposited in containers in pharmacies displaying DRUG CLEANUP WEEK signs in their windows and pharmacists contributed five cents for each container to the Jay Cees; they turned the money over to the Mental Retardation Foundation.

—O—

PHARMACY NEWS

All members are urged
to forward news items
to The Maryland Pharmacist

Morgenroth Tours Academic Circuit

Victor H. Morgenroth, member of the Executive Committee of the Maryland Pharmaceutical Association, served as a panel member March 17 for the annual St. John's University Pharmacy Congress in Jamaica, Long Island. He was a discussant on the subject of the Community Pharmaceutical Center concept.

On March 23, Mr. Morgenroth, proprietor of Voshell's Pharmacy on Wilkins Avenue, was in Philadelphia, serving on a panel at a conference on pharmacy legislation sponsored by the Temple University School of Pharmacy and its Alumni Association. His personal contribution to the panel on Medicare was entitled "The Pharmacist and Extended Care."

Mr. Morgenroth is a graduate of the University of Maryland School of Pharmacy, a regional director of the American College of Apothecaries, a member of the Mayor's Commission on the Problems of the Aged for the City of Baltimore and a member of the Advisory Board of Hospital Licensure for the State of Maryland.

Rubin Says Trend Is Toward Upswing In Professional Services

Mr. Irving Rubin, Editor of *American Professional Pharmacist*, recently told the senior class of the St. John's University College of Pharmacy in New York that "in the years ahead more pharmacists than ever will be able to earn a living via professional services alone."

As medical care increases the pharmacist's professional services also are on the increase and all trends, including more prescriptions (such as those written by dentists, podiatrists and veterinarians) and an increased volume of surgical appliances and prescription accessories, point to this fact.

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Poison Prevention Week . . .



Gov. Millard Tawes (center) presenting proclamation to Secretary Gruz (left) and President Ogrinz. The document declared Poison Prevention Week, March 20th through 26th.

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Medical Care

At the close of 1965 the Baltimore City Medical Care Program listed 95,164 persons on its rolls. This represented an increase of 12,736 persons over the 82,428 noted at the end of 1964. The total number of person-years of enrollment for 1965 was 87,822.

The Medical Care for the Indigent component comprising persons on the rolls of the Baltimore City Department of Public Welfare, furnished the larger part of the population increase. This category expanded from 73,484 to 85,793 at the end of 1965, increasing 12,309 or 16.8 per cent and representing 78,500 person-years of enrollment.

Medical Assistance for the Aged, the other component, increased from 8,944 to 9,371 at the end of 1965, a growth of 427 or 4.8 per cent. The number of person-years of enrollment was 9,322.

For the first time since the change in method of payment from capitation to fee-for-service, the average number of physician visits per individual on the rolls remained relatively stable. On an average, a person enrolled in Medical Care for the Indigent made 2.8 visits to a physician's office and received 0.4 home visits from his physician; persons enrolled in Medical Assistance for the Aged received an average of 6.7 physician's services of which 4.6 were office visits and 2.1 home visits.

Pharmacists supplied 675,500 prescriptions in 1965, at a total cost of \$1,690,500. Each patient in the category Medical Care for the Indigent received an average of 6.5 prescriptions, while patients in the category of Medical Assistance for the Aged received an average of 18.3 prescriptions per person. As a result of the increase in pharmacists' service fees, effective July 1, 1965, the average price of an MCI prescription increased from \$2.30 to \$2.50; for an MAA prescription from \$2.80 to \$3.00.

Expenditures for the Baltimore City Medical Care Program services for the calendar year 1965 were estimated at \$2,978,700 for Medical Care for the Indigent and \$786,600 for Medical Assistance for the Aged; the total expenditures for services amounted to \$3,765,300.

The Baltimore City Medical Care Program furnishes a wide range of medical services to indigent persons under the following categories: Old Age Assistance (OAA); Aid to the Family of Department Children (AFDC), Employable (AFDC-E); Public Assistance to Needy Blind (PANB); General Public Assistance (GPA); Aid to the Permanent and Totally Disabled (APTD); Foster Child Care (FC); Protective Service (PS); and to medically indigent persons 65 years of age and older under the Medical Assistance for the Aged (MAA) plan. These persons obtain a wide range of services from complete physical examinations at seven hospital medical care clinics to physician visits, dental services, drugs, some medical and sick room supplies and limited eyeglass prescription services.

In November, the Medical Care Section acquired a professional staff to supervise admission of patients to nursing and care homes, and chronic hospitals. A physician, assisted by three skilled public health nurses, will evaluate each request for admission to these extended care facilities, and help these patients obtain suitable nursing care. The staff will work closely with other supervisory and regulatory groups, and will help all persons concerned meet new legislative requirements. Dr. J. Wilfrid Davis, Assistant Commissioner of Health, retired as Director of the Medical Care Section on October 31, and Dr. John B. De Hoff, Director of Local Health Services, was named Acting Director until a replacement could be found.

Reprinted from BHN, Vol. XLIII, Nos. 1-2.

New Sulfonylurea Plus Biguanide Effective

As reported by the Upjohn Co., diabetics who fail to respond to treatment on a single oral drug may do well on a combination of a new sulfonylurea and biguanide.

In a study of 31 patients, Dr. Sol B. Stern, Jr., New Orleans, reported (*J. Louisiana State Med. Soc.*, Nov., 1965) that almost three out of five patients who did not achieve success on a single drug responded satisfactorily to combined therapy with tolazamide and phenformin. Tolazamide is an experimental sulfonylurea, not yet available for general clinical use.

Results probably would have been much better had combined therapy been started immediately when treatment with either a sulfonylurea or a biguanide alone had failed, Dr. Stern speculated, because hyperglycemia was prolonged while the patient was given various drugs sequentially.

All patients had been given adequate trials with at least two oral drugs sequentially; 17 received trials with three different oral drugs and two patients were tried on four drugs separately.

On combined therapy with tolazamide and phenformin, 17 showed excellent, good, or fair control and 14 responded poorly. Despite the use of maximal dosages, there was no clinical or laboratory evidence of toxicity in the entire series.

—o—

SKF Labs Given Citation

Smith Kline & French Laboratories was the recipient March 11 in Garden City, Long Island, of a citation in recognition of the "distinction and devotion" with which the pharmaceutical firm has served the cause of mental health.

The award was given by the Mental Health Association of Nassau County, Inc. in New York and was accepted by J. Somers Smith, Jr., Vice President of SKF's Marketing Division, at the Association's annual dinner.

—o—

Klein Appointed Squibb Representative

E. R. Squibb & Sons, Inc. announced the appointment of J. P. Klein as a full-line representative in the Washington, D. C. region. His territory will be Riverdale, Maryland.

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1965 ... A Year of Emphasis on Prescriptions

The preliminary LILLY DIGEST, based on the operating figures of 968 community pharmacies, indicates that 1965 was another year of progress in prescription service. Prescription sales increased 8.4 percent, more than compensating for a decrease of 3.4 percent in other departments' sales, resulting in an over-all increase in total sales of 1.2 percent or \$1,885 for the year. The prescription department now contributes 42 cents of each dollar of sales. Prescriptions filled increased 1,403 or 7.6 percent to a record 19,935. The number of refills increased better than 6 percent over last year, but when expressed as a percent of total prescriptions dispensed, it declined slightly to 53 percent. The average prescription charge increased two cents from \$3.41 to \$3.43.

When the individual income and expense statement items are expressed as a percentage of total sales, they indicate:

Cost of goods sold is down as are total expenses; therefore gross margin rose yielding a substantial increase in net profit for the year.

Total dollar operating expenses increased over last year. However, when expressed as a percent of total sales, they declined from 31.0 percent to 30.8 percent. Proprietor's salary increased slightly and employees' wages decreased, whereas rent held steady at 2.5 percent of total sales. Remaining expenses constituted 9.1 percent of total sales—unchanged from last year.

Net profit surged upward 15.1 percent to a record \$9,431 or 5.8 percent of total sales. Net profit return on each dollar of inventory increased over 14 percent, from \$0.291 to 0.333.

The total inventory value remained essentially unchanged, but the prescription inventory component increased 2.8

percent while other merchandise decreased 0.8 percent. Prescription stocks produced \$7.01 in sales for each dollar invested in pharmaceuticals. Turnover for the total merchandise inventory remained at 3.7 times for the year.

The complete preliminary LILLY DIGEST report, based on the operations of 968 community pharmacies, is summarized below and is compared with the annual 1964 data from 2,400 reports.

PRELIMINARY LILLY DIGEST—1965

Averages Per Pharmacy	1965 (968 Stores)	1964 (2,400 Stores)	Change and % of Change
Sales			
Prescription	\$ 68,444— 41.8%	\$ 63,157— 39.0%	+ \$5,287— 8.4%
Other	95,214— 58.2%	98,616— 61.0%	— \$3,402—(3.4%)
Total	\$163,658—100.0%	\$161,773—100.0%	+ \$1,885— 1.2%
Cost of goods sold	103,876— 63.5%	103,440— 63.9%	+ \$ 436— 0.4%
Gross Margin	\$ 59,782— 36.5%	\$ 58,333— 36.1%	+ \$1,449— 2.5%
Expenses			
Proprietor's or Manager's salary..	\$ 13,174— 8.1%	\$ 12,840— 7.9%	+ \$ 334— 2.6%
Employees' wages...	18,208— 11.1%	18,531— 11.5%	— \$ 323—(1.7%)
Rent	4,048— 2.5%	3,960— 2.5%	+ \$ 88— 2.2%
Miscellaneous operating costs....	14,921— 9.1%	14,806— 9.1%	+ \$ 115— 0.8%
Total Expenses	\$ 50,351— 30.8%	\$ 50,137— 31.0%	+ \$ 214— 0.4%
Net Profit (before taxes)	\$ 9,431— 5.8%	\$ 8,196— 5.1%	+ \$1,235—15.1%
Total income (net profit plus proprietor's salary, before taxes) ...	\$ 22,605— 13.8%	\$ 21,036— 13.0%	+ \$1,569— 7.5%
Value of inventory at cost and as a percent of sales			
Prescription	\$ 9,761— 14.3%	\$ 9,495— 15.0%	+ \$ 266— 2.8%
Other	18,559— 19.5%	18,712— 19.0%	— \$ 153—(0.8%)
Total	\$ 28,320— 17.3%	\$ 28,207— 17.4%	+ \$ 113— 0.4%
Annual rate of turnover of inventory	3.7 times	3.7 times	No change
Number of prescriptions dispensed			
New	9,360— 47.0%	8,578— 46.3%	+ 782— 9.1%
Renewed	10,575— 53.0%	9,954— 53.7%	+ 621— 6.2%
Total	19,935—100.0%	18,532—100.0%	+ 1,403— 7.6%
Prescription charge ...	\$3.43	\$3.41	+ \$ 0.02— 0.6%

Omnipen: Broad Penicillin in More Stable Form

A new form of penicillin, Omnipen, has been introduced by Wyeth Laboratories, Philadelphia pharmaceutical manufacturer.

Officials at Wyeth, said that Omnipen (anhydrous ampicillin, a semi-synthetic penicillin), has been developed to expand the line of antibiotics the company makes available to physicians.

The new penicillin product, Omnipen, is ampicillin in the anhydrous form.

Since Omnipen is indicated to treat infections due to susceptible strains of gram-positive as well as gram-negative bacteria, it may be prescribed for a broad spectrum of diseases and is recommended for treatment of urinary tract infections, respiratory tract infections, and gastrointestinal infections.

The safety of Omnipen is comparable to that of traditional penicillins. However, since the allergenic factor is present, physicians are warned not to prescribe Omnipen for patients who have shown hypersensitivity to penicillin. Also, Omnipen is not effective against infection caused by penicillinase producing bacteria including staphylococci.

Lederle Honors Rockville Man

R. S. Frick of Rockville, Maryland was one of four Southeast Regional salesmen elected to Lederle Laboratories' "Gold Cup" Club of 1965, which cites the men for their "outstanding sales achievement in 1965."

The others were C. S. Coggins of Greenville, N.C., A. E. Layne of Yorktown, Virginia and F. W. Morgan of Suffolk, Virginia.

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Record Amount Spent on Research

Merck & Co., Inc., plans to increase its spending on research and development in 1966 to a new high of almost \$40 million, Henry W. Gadsden, president, told the Financial Analysts of Philadelphia today. "For the third consecutive year, we believe this will be the largest amount spent on research and development by a pharmaceutical company," he said.

The 1966 figure constitutes a 22% increase over the 1965 research expenditure of \$32.6 million. In 1964, the company spent \$28.4 million for that purpose.

"Much of this increase will be directed to new fields of research in human and animal health in which we now don't have important products," Mr. Gadsden told the analysts. "Thus there will be a proportionately greater emphasis on scientific and medical problems at the most basic level."

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Obituaries

Joseph A. Buser

Mr. Joseph A. Buser, 79, who was a retired salesman for the Muth Brothers drug firm, died at Jenkins Memorial Hospital on March 27. He had been associated with the firm for more than 60 years.

Mr. Buser was a native Baltimorean and a former student at the University of Maryland School of Pharmacy.

He is survived by his wife, the former Ludie McNally; a daughter, Mrs. J. Robert Kinealy; two sisters; a brother and three grandchildren, all of Baltimore.

Dr. Hayes Buchanan

Dr. Hayes Buchanan, a retired pharmacist who served in Northwest Baltimore for over 35 years, died March 27 at Provident Hospital. He was 74.

Dr. Buchanan leaves a daughter, Mary, a son, Hayes Jr., a brother and five grandchildren.

Percy P. Cox

Percy P. Cox, a prominent pharmacist in Easton, Maryland, where he operated his own pharmacy for 40 years until his retirement in 1955, died there March 12. He had lived in Baily's Neck, Maryland.

Mr. Cox, who was 89, is survived by his daughter-in-law, Mrs. Percy P. Cox, three grandchildren, and one great-grandchild.

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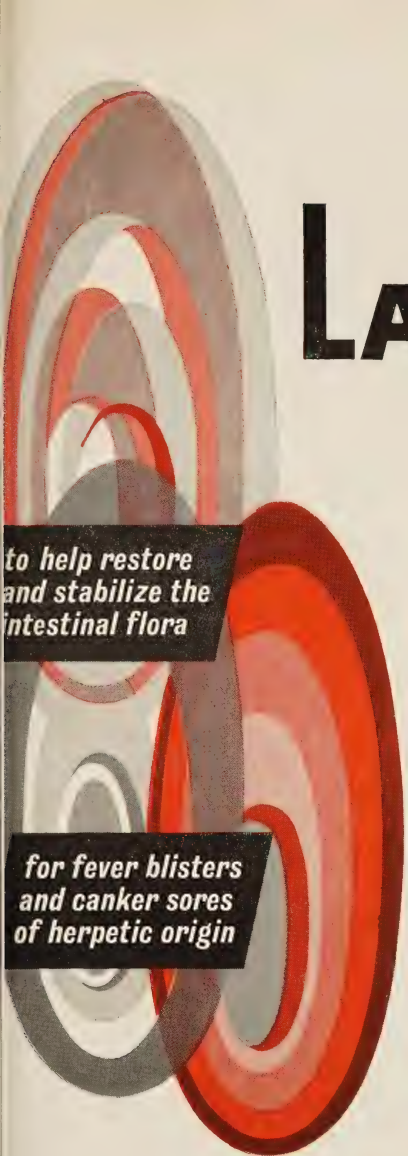
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(1) Frykman, H.M.: Minn. Med., Vol. 38, Jan. 1955. (2) Poth, E.J.: The J.A.M.A., Vol. 163, No. 15, April 13, 1957. (3) McGivney, J.: Texas State Jour. of Med., Vol. 51, No. 1, Jan. 1955. (4) Stern, F. H.: Jour. of The Amer. Ger. Soc., Vol. 11, No. 3, Mar. 1963. (5) Weekes, D. J.: N.Y. State Jour. of Med., Vol. 58, No. 16, Aug. 1958. (6) Abbott, P.L.: Jour. of Oral Surg., Anes. & Hosp. Dental Serv., Vol. 19, July 1961. (7) Weekes, D. J.: E.E.N.T. Digest, Vol. 25, No. 12, Dec. 1963.

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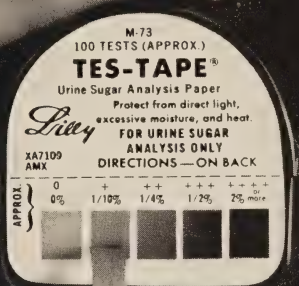
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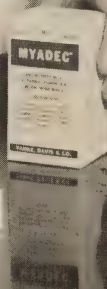
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLI

APRIL 1966

No. 7

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PATRONIZE OUR ADVERTISERS

The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price \$5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 8, 1879.

Editorial

The Community Pharmacist Serves

In every community complete health care includes the presence of a community or neighborhood pharmacist. Along with the physician, dentist and other health professionals, the community pharmacist is recognized as an integral member of the health team.

With changing times and new developments in health care services, community pharmacists must be alert and adaptable.

The community pharmacist must make sure that . . .

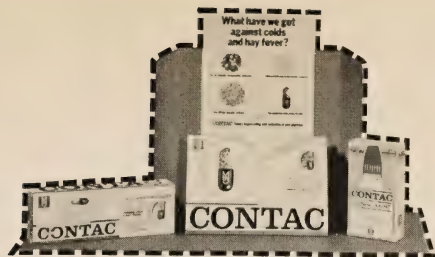
- the quality of personalized service to each patron is unsurpassed;
- the outside of the pharmacy is inviting and reflects an emphasis on pharmacy as a health service;
- the inside of the pharmacy is modern and uncluttered and there is no question that the establishment is a *pharmacy*; today's public demands a contemporary atmosphere achieved by frequent remodeling (both partial and complete);
- family or individual medication records are maintained as an aid to patrons, physicians and the pharmacy;
- pharmaceutical inventories are complete and up-to-date;
- management methods and professional fees are realistic and competitive;
- participation in both civic and professional association affairs is an integral part of his schedule throughout the year;
- he is prepared to serve as a "drug expert" to public and physician alike, by maintaining a current state of knowledge achieved through seminars, association meetings, study and journals;
- complete pharmaceutical services are offered and bona-fide emergency prescription service is available.

All these factors, and many more besides, are important to the successful operation of a pharmacy. But, it is the relationship between the pharmacist—both proprietor and employee—and his patrons that is critical.

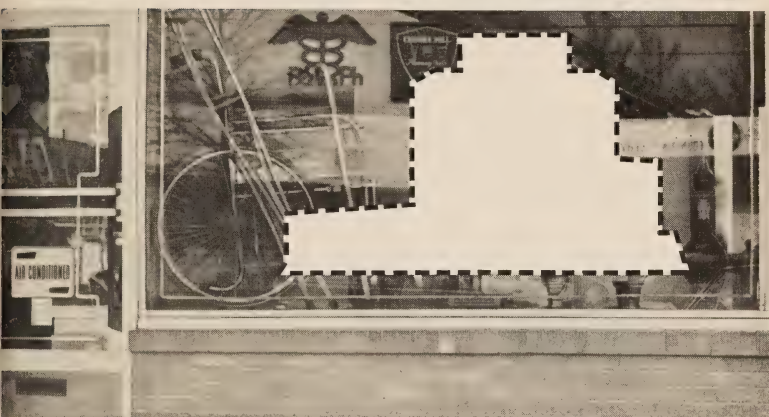
The pharmacist who has developed a professional image as a person vitally interested primarily in the welfare and health care of his patrons has always been able to maintain a strong position in the face of unscrupulous, unethical and unprofessional competition.

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President's Message

Dear Fellow Members:

The Maryland Pharmaceutical Association continues to bring important services to the pharmacists of the state. The Association office is kept busy in organizing and coordinating the many programs and projects of the Association which your officers and committees are involved in.

We have succeeded in making great progress in the field of medical care and we are continuing to work on this vital aspect of pharmacy. We want to assure a situation where all possible prescriptions are obtained through community pharmacies with drugs of the highest quality dispensed.

I am gratified at the joint Rheumatic Fever Prophylaxis program which has been worked out between the MPA and Maryland Heart Association. The Heart Association has agreed to discontinue distribution of penicillin and to have special prescription forms issued to patients on their programs. These prescriptions will be filled in community pharmacies.

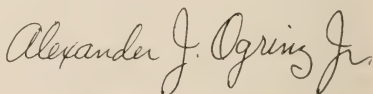
In the realm of Health and Accident Insurance, the MPA has made available a new Catastrophe Health Care Plan and an Income Continuation Plan which is adaptable to any pharmacist's situation. These group plans are superior to any plan that a pharmacist can buy from any other pharmaceutical Association. In addition, the American Health and Life Insurance Company has given personal and satisfactory service to anyone who has had a claim.

We have the M.Ph.A. Life Insurance plan which is economical group life insurance and we are working on a group pension plan which we hope to announce to you later this year.

The Association office continues to work for you also as an informational center answering many inquiries about the Drug Abuse Control Act, Medical Care, Medicare, and numerous federal, state and local laws. When necessary, legal counsel is consulted and made available to our members.

With all these programs and services, to name just a few, I feel membership in the MPA is quite a bargain. We should appreciate the value of what we get from the Association and do everything possible to enroll other pharmacists who are not members. I hope I can call upon you to help make MPA the association that includes all the pharmacists in Maryland.

Sincerely,



President

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Secretary's Script ...

A Message from the Executive Secretary

Support the Boggs Bill—H.R. 14597

The Boggs Bill, if passed, will fill an important need for the aged who are covered under the supplementary insurance program. This bill amends part B of Title 18 of the Social Security Amendments of 1965 (Medicare) to include prescribed drugs.

Eligible beneficiaries under the Boggs Bill would be able to obtain prescription drugs at the pharmacy of their choice. This would help to prevent overutilization of hospital facilities because a beneficiary would not have to be an inpatient in order to obtain drugs at no charge.

In addition to this bill by Congressman Hale Boggs, House Majority Whip, Congressman Samuel N. Freidel of Maryland's 7th District has introduced a similar bill—H.R. 15666.

Write both Congressmen Boggs and Freidel telling them of the importance

of the passage of this amendment to millions of aged citizens.

Headquarters For Pharmacy

The telephone calls from pharmacists, physicians, government officials, agency executives and the general public are increasing every year. Particularly disturbing sometimes are calls from physicians and laymen with complaints about some alleged practice by a pharmacist. There are always two sides to a story and often the situation is readily resolved by an explanation to the complainant by your Executive Secretary. This is a vital function of the Association office which is not fully appreciated. It is important to have a center for pharmacy in Maryland and the MPA provides such a headquarters.

Nathan S. Gruy
Executive Secretary

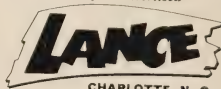


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Address of the President of the National Association of Boards of Pharmacy

FRANCIS S. BALASSONE

Secretary, Maryland Board of Pharmacy

Delivered at the 62nd Annual Meeting of the National Association of Boards of Pharmacy, held in conjunction with the Annual Meeting of the American Pharmaceutical Association, April 25, 1966, Dallas, Texas.

To begin, I wish to acknowledge gratefully the honor of serving as president of the National Association of Boards of Pharmacy. It has been a distinct pleasure to have served you and the Association this year, and, I hasten to add that I have been enriched by the opportunities, the challenges and the experience gained. There is no doubt in my mind that the NABP is accomplishing more today than at any time in its history. The organization has no prototype with which to compare itself. A unique organization such as this must serve its members. It must above all, recognize who it represents and further the obligation of our members at the state level. As Dr. Wm. S. Apple has cogently remarked—Boards of Pharmacy are not for the protection of the Pharmacist. They must protect the public. We often forget the basic charge which we accept when we agree to function as a representative of the practitioner in behalf of the public.

In the time that you provided your President to speak his piece, I would like to spend a few moments with you discussing some of the things that we, as a National Association, can do to further the interest of our members in their efforts to protect the health and consuming public of this nation. I will not make this a particularly rambling report, but will speak to define topic headings which I will announce to you.

New York 1904-1966

One of the first things I would like to discuss is the New York application for active membership in the Association. If you look back through the history of

the Association, it can be noted that there are many presidents over the years that asked all of the "associate" states to join the Association as active members and participate in reciprocity.

Probably the last president to again focus attention on the primary objectives of the Association was President Chester Jones who, in 1959 stated, "we invite them to join hands with us and become active member states instead of associate member states." He, of course, was referring to New York, Florida and California. Hawaii did not become an associate member until 1960. I am sorry to say that Chester Jones, while he did prepare this address as sincerely and conscientiously as he knew how, was not able to present this due to his sudden death.

I might add that he understood the principles and objectives of the association and did not want his presidency to pass without requesting that New York State to again consider active membership. It is particularly significant this year since, as you know, the Association will consider the application of New York State for active membership and I do not want my presidential address to pass without congratulating the New York Board on this forward step in the interest of exchange of licenses with the other states. Even at the time President Jones made this statement concerning the non-reciprocal states, there was a desire on the part of the New York Board of Pharmacy to become an active member of this Association.

In 1964, when Dr. Ewald B. Nyquist of the Department of Education of the State of New York, spoke to us at

luncheon, he so aptly described the provisions of the New York law and indicated his Department's interest in changing this provision for length of out-of-state practice, for, as Dr. Nyquist put it, "the frequent artificial restraint erected in the several states in many of the professions barring ease of movement and change of residence have become meaningless in a day when the world, not to mention the U.S., has become very small indeed."

As your President, I am enthusiastic about the fact that the listing of active member boards of the NABP may be changed following this convention by including the New York State who, incidentally, joined the Association in its very first year in 1904 as an associate member. This will be the first time that their name will appear on the active roster of states.

I should also like to mention that Secretary Mahaffey has informed us that the provinces of Manitoba and Ontario have submitted formal application for "associate" membership in the Association. May I also add my personal endorsement for you to ratify these applications so that we may also welcome two other provincial licensing agencies to the roster of this Association. As you know, our Constitution and By-laws were changed at last year's meeting to provide for membership of Canadian licensing agencies.

State Roster of Pharmacists

Some time ago, I had a chance to visit the NABP office and sat down with Secretary Mahaffey for a few moments to review the Public Health Service—NABP Manpower Project which, incidentally is nearing its most important stages in our office. It is encouraging to see the Association take on a project such as this project and the Public Health Service and other professional organizations in pharmacy will be the benefactors when this project is completed. As I was discussing with Mr.

Mahaffey the many problems involved with the collection of this information from the states, I asked the question of how many states publish a directory of pharmacists. I pointed out to the staff at that time that my own state published a directory in the state pharmaceutical association magazine and this is published each year. This is a valuable aid to our board office in Maryland and I am certain that it is also of great assistance to the Association and other allied health groups in our state.

I would urge those states who do not, at the present time, publish a list of practitioners whose licenses are not in good standing on their roster each year, to do so at the earliest opportunity. This is a service which each Board should provide the state and the profession.

State Authority to Suspend and Revoke Licenses

Having served as state board secretary for 12 years, I have had a chance to review pharmacy statutes in many of our states on many occasions. I would like to explore with you one aspect of these legal provisions that we so often advance as laws that protect the health, welfare and safety of the public. Several years ago, in Maryland, the pharmacy practice acts were changed to give the various boards greater authority and latitude in dealing with exceptional cases which include mental illness, senility and physical impairment of the practitioner.

In looking over the statutes of the various states, I note that a number of boards have given this problem their attention over the years and that their pharmacy act has been updated to provide for revocation or suspension of license for this type of practitioner. However, it is my contention that there are many state pharmacy acts which lack the necessary provisions, at least at this time, which would give the board of pharmacy the necessary authority to deal with the mentally ill pharmacist.

the senile pharmacist, or the physically impaired pharmacist who is still maintained as an active practitioner.

This is certainly an area where boards of pharmacy have proper license to suggest to a state legislature that these provisions be written into your pharmacy act. I am not suggesting that the board establish a mechanism to eliminate the mentally ill pharmacists other than through the regular court procedures that are now accepted in most of the states. This may also come through your administrative procedures act.

I feel that these laws, relative to determining mental illness, are adequate at the present time to deal with the one area; however, if a board of pharmacy is to discharge its responsibilities under a state pharmacy act to protect the public, then this problem of the mentally ill pharmacist, the senile pharmacist, or the pharmacist who is physically impaired, should be carefully screened to determine if he can adequately function in a way that the public should expect. The Board must determine if it has the adequate authority to remove or suspend licenses for pharmacists who may not be entirely safe.

Variations in Internship

For two years now, the Internship Committee of NABP-AACP have held a joint meeting to discuss some of the problems relating to this phase of the pharmacist's education and it is again with a great deal of pride that I note that the Association has financed and distributed the second printing of the Pharmacy Preceptor's Guide which, as you know, was written by a joint committee of NABP-AACP. I am personally discouraged at the lack of distribution of this manual through state boards of pharmacy. Information which will be presented to you in the executive committee report will show that boards of pharmacy have not ordered as many manuals as our colleges of pharmacy.

We recognize that students may be more interested in internship training than the preceptor, but we cannot evade the responsibility, if this is a requirement for licensure in your state, for the distribution of this Guide to all those pharmacists who train the pharmacy student. I am sorry to say that there have been almost as many Guides distributed by the pharmaceutical association as have been distributed by boards of pharmacy.

So again, let me urge you to make a determined effort to distribute this Guide to the practitioners in your state especially the preceptors. This publication is one of the best things the Association has presented in a long time. Let's see that maximum use of this material is made in the interest of students in our colleges who often become disenchanted with the attitude of the practitioner and even the board of pharmacy, on occasion, in administering this requirement for licensure.

While I am on the subject of internship, some information which was compiled by our office and distributed to the Committee on Internship, reveals the following information relative to the time requirements for experience in the various states.

All states with the exception of Rhode Island, Alaska, Indiana, New York and Puerto Rico require one year of experience before licensure. Indiana, New York and Puerto Rico require six months experience time. All other states require one year of experience before licensure. Twenty-four of our states require no experience after graduation and I recall that this Association has recommended by resolution that all states require three months time after graduation before licensure. Two states, New Jersey and Montana, retain their one year of internship. Thirteen states require six months of the one year's time to be obtained after graduation. Two states require four months after graduation and eleven states have or will adopt the recommendation of the

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Association set down in 1962 which suggested that three months experience time be obtained after graduation.

The information we furnished to our Committee on Internship was the outcome of a survey conducted by our office at the request of the Internship Committee who were curious about the 1962 recommendations and requested information on how many states had followed our suggestion of three months time following graduation.

It is obvious, I believe, that we will have to review our thinking about the matter of internship training time in general. Since there seems to be no provision in our by-laws which sets down any uniform time or when this requirement shall be fulfilled, this is left to the discretion of the state. I would recommend that the Internship Committee of the Association be asked to review the various requirements of the states in the interest of making an overall recommendation which might bring some order to the problem of internship. This would satisfy all of the states and at the same time, perhaps, make this area of education more concentrated and thereby more meaningful to the student. It is my feeling that we must begin thinking in this direction and the sooner, the better.

Uniform Laws—Administrative Procedures Act

Another of the subjects which I would like to discuss with you this morning is again concerned with the laws of our various states. As you know, the Uniform Law Commissioners have a revised Model State Administration Procedures Act. It is my understanding that the Secretary has transmitted a copy of this model state administrative procedures act to all boards of pharmacy. My state has such a provision in its statutes. There are many instances in which the board of pharmacy may be directed to take certain administrative procedures under this portion of our general statutes. An act such as

this works two ways. It not only protects the rights of the individual who is being disciplined or comes before the board, but assures the administrative agency itself that each individual case will be treated according to the statutes, thus, eliminating the further possibility of repercussions which can and might occur as a result of hearings of the general conduct of business of an administrative agency in your state.

I realize, to many of you such an act might be a way of life by now, but in the interest of protecting those persons who are selected to serve as board of pharmacy members, I would recommend that it is in the best interest of your board to investigate this model uniform law or to consult with your legislative research commission of the executive branch of your state government, if such provisions are not present in your statutes.

The states of North Dakota, Wisconsin, North Carolina, Ohio, Virginia, California, Illinois, Pennsylvania, Missouri, Indiana, Michigan, and Massachusetts have enacted in one form or another, the Uniform Law Commissioners Revised Model State Administrative Procedures Act of 1961.

Another source of information on this subject is, of course, the Council on State Government in Chicago who also have a Model Act similar to this. This model act will, of course, require possible adjustment to fit statutory conditions peculiar to your particular state, but in general, the principles set forth are universally applicable and would serve to protect you as board members while, at the same time, offering those that you rule that justice will not actually be administered to them individually but to all those who come before your board.

HR 13885—HR 12847— Mailing of Samples

There are two bills in Congress that I would like to mention that may be of interest to boards of pharmacy. These

are titled HR 13885 (Mr. Staggers) and HR 12847 (Mr. O'Neill, Mass.) The O'Neill bill has been referred to the Committee on Post Office and Civil Service. The Staggers bill has been referred to the Committee on Interstate and Foreign Commerce. Both of these bills should be of interest to members of the Association since they contain provisions which might curtail the mailing of samples, be these drugs or other incidental items that are potentially harmful.

HR 12847 curtails the mailing of unsolicited drug samples by making it unlawful to place these in the mails. HR 13885 uses this same approach and deals directly with the person who solicits samples from doctors' offices and repacks such drugs. Thinking back over some of our past conferences with the Food and Drug Administration, it was the contention of former Commissioner George Larrick that there should be some regulation of sample drugs and the Association Executive Committee had, on a number of occasions, his interest in this matter and had studied the Canadian plan which requires direct solicitation of a sample drug by a physician before release.

I believe that the Association should take a definite interest in both of these bills and I understand that the APhA has also recommended that the profession encourage the passage of this legislation. Samples, be they large or small, have for many years been a law enforcement problem for boards of pharmacy and perhaps our interest in these two pieces of legislation will assist us in bringing some order to the present distribution at the state level which, we hope, would eliminate the obvious abuses to which sample drugs are often exposed.

Meeting With FDA— PILOT PROJECTS—HR 2

In September, the Association was invited to meet with officials of the Food

and Drug Administration. This was a second occasion that we have been asked to consult with the FDA and as has been reported to you, there was a discussion of two major items: 1) the Public Administration Service Report which you have all read; 2) the Drug Abuse Amendments to which you will be again exposed at our Bureau of Law Enforcement Session on Tuesday. You are familiar with the pilot projects that will be initiated in some selected states under the auspices of the new Bureau of Drug Abuse Control. Mr. Finlator, the new Director of that Bureau, will speak to us tomorrow. The Association has been asked on many occasions to provide information about these pilot projects and I believe that it is true that plans for these projects are proceeding on schedule and the participating states will be announced in the very near future. It is my earnest hope that those states selected will do a bang-up job in assisting the FDA, which I am sure they will. I hope that you recognize that these pilot projects could also set the stage for the participation for other states and, as our Secretary has indicated to each board, if a state wishes to be considered under the pilot project program for the Drug Abuse Amendments, they should so indicate this desire to the Bureau of Drug Abuse Control.

You are familiar with the information which might be requested of you in terms of your capabilities to assist the Administration in the enforcement of HR 2 as this pertains to the community practice of pharmacy. On the other hand, the Board is expected to assist FDA by pointing out areas of large diversion any time that this comes to your attention.

I am particularly proud of the role that Boards play in the enforcement of dangerous drug acts in the various states. We probably did not have sufficient authority and I recognize that there are many states at the present time amending or contemplating a

change in their law to provide for greater control of dangerous drugs, provisions of which are similar to the Drug Abuse Amendments. Even in those states where authority is granted to the Board of Health to enforce dangerous drug statutes, I urge you to offer your assistance and the respect with which your agency has held in the various states by the FDA, in my opinion, would fortify your position in this area.

A number of our secretaries have indicated that the Drug Abuse Amendments have caused some concern among the practitioners of their state who feel as though they have been singled out for scrutinization under this act. While the national associations have done an excellent job of informing the practitioner of the conditions of this act, I can be sympathetic with the practitioner's views in this regard since he seems to be one of the few people in the state that handles dangerous drugs that has been properly informed about how he should proceed in this matter. In fact, many pharmacists are requested to give consultation to their health professionals who handle drugs under this bill. I think the very character of this federal act, which is now the law of the land, does not single out the pharmacist, but certainly places additional responsibilities which he will be required to live up to. I look on this as furthering the responsibilities of the pharmacist. This bill, while bringing further restraints to the area of dangerous drugs, will emphasize the pharmacist's important role in the dispensing of these medications. And even now, we see evidence of a greater awareness on the part of the layman for all drugs which he may be exposed to.

Thanks should be extended to those board secretaries who have kept the channels of communications open to the practitioners of the various states and in many instances, some of our board offices have acted as a reservoir of information on this bill to physicians,

nurses and others who might be affected by it.

Medicare and Boards of Pharmacy

There is only one other topic which I would like to consider in a very broad way and this would concern the Medicare Act which, according to the Conditions of Participation of Hospitals and Drug Rooms, will directly affect in one way or another, the pharmaceutical service that is provided hospitals and extended care facilities and your board of pharmacy. I have read just as you have, these Conditions of Participation and all secretaries of the Association have received a copy of the HEW, Social Security Administration publication, Conditions of Participation for Hospitals. You have also been mailed a copy of the same conditions of Extended Care Facilities and after looking these over, it is obvious to you that one of the first things that a home or hospital will have to do is comply under the Act is directly related to state and local laws. A thorough explanation of the inspection of hospitals and nursing homes who wish to acquire funds under Medicare has been mailed to you and you will recall that state surveyors will screen these institutions if the hospital or home is not recognized by the Joint Commission on Accreditation of Hospitals of the American Hospital Association.

We would expect, therefore, that our Committee on Automation which has done a great deal of work in the hospital practice of pharmacy to continue its excellent work and further expose the members of our Association to the developing trends as a result of the passage of the Medicare Act suggesting ways whereby Boards of Pharmacy can better protect the patients in such institutions.

Recognition for Service Category

Being a member of a number of organizations, many of which are not directly related to pharmacy, I have been



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exposed to a number of ways where other organizations bestow official recognition to persons who have in some way or another furthered the aims of that organization over the years. Some of my colleagues of the Department of Health of the State of Maryland are members of the Association of Official Agricultural Chemists, AOAC. This organization, on occasion, holds a special recognition dinner at its annual meeting and presents certificates of merit to "fellows" of AOAC in a testimonial of official recognition. While "fellow" is an honorary title, which was created by this organization in 1961 for recognizing meritorious service to the association, I do not suggest that this title be applied to my own particular recommendation at this time. I do however, feel strongly that this Association should establish a category of persons who we might consider for some title that have performed a major service to the Association over a period of 10 years or more. We could recognize those nonpharmacists, board employees who are essential to the operation of many of our state boards in this category. We might also recognize persons from industry, from the Food and Drug Administration, from the Bureau of Narcotics and other organizations with which we come in contact frequently.

Functions of Boards

State Boards of Pharmacy derive their authority from the enactments of laws by its own State Legislature. The powers of the Board are limited within the confines of the authority granted to it by the legislature. In all states, the Board has been charged by the legislature with the responsibility of examining, attesting and certifying candidates for licensure. In many states the Board is empowered to license pharmacies, wholesalers and manufacturers. In some states the legislature has delegated to Boards the enforcement of certain drug laws. Regardless of the authority a Board has be it in drug laws,

the Board is limited to the specific mandate of the State Legislature and is restricted to the specific responsibility entrusted to it. Responsibility of the administration of the pharmacy laws is vested in a State Board of Pharmacy. Hence, State Boards of Pharmacy are State regulatory agencies, and as an agency of State Government must act in the public interest.

In a panel discussion on Interprofessional Problems, Floyd N. Heffron, Chairman of the Bureau of Law Enforcement in 1961, made the following statement: "It is the responsibility of Boards of Pharmacy to administer the law in the interest of public health, safety and welfare, and to regulate the practice of pharmacy with that sole purpose in mind. It is not within the power or authority of any Board to concern itself with problems of economics or to serve as a mutual protective organization for pharmacists."

Oftentimes Boards are presented problems of a socio-economic nature and are asked to rule on them. It would behoove Boards to follow the advice of their State Attorney General or State Law Department in order to insure that they are ruling or regulating within their jurisdiction. Only in this way we can avoid adverse court opinions.

Any benefits that pharmacists accrue from effective law enforcement by State Boards in insuring professional competency and drug control would be the same benefits that any citizen has a right to expect.

Closing Remarks

In closing, I would again thank you for the distinct honor of serving you as President, and I wish to also thank those who have made my job a bit easier with their willing cooperation. I would like to especially thank all those who accepted appointments on the various Committees, and I must tell you how much I appreciate all the work you

have accomplished. It was Emerson who wrote, "The only true gift is a portion of thyself."

Let us then each renew our dedication, let us each contribute what we can to better our profession and to serve the public welfare to the best of our ability, let us each give a true gift, a portion of our self to better the future of mankind.



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Urea in Cosmetics

By B. F. ALLEN, Ph. D.

University of Maryland School of Pharmacy

The word cosmetic is used both as a noun and an adjective and has been defined in several ways: pertaining to or making for beauty, especially of the complexion; beautifying; and any preparation to be applied to the surface of the human body for lending attractiveness, for make-up or for cleansing, or for conditioning the skin.

For more specific dermatologic purposes, the following definition is also applicable: agents used on the skin for therapeutic purposes which allow for esthetic acceptance both subjectively and objectively.

Among the most interesting of the older dermatological preparations is urea, commonly referred to in the cosmetic industry as carbamide or carbonyl diamide.

A therapeutic preparation of this substance known as "tissue stimulant ointment" has the following composition: chlorophyll 1.5 per cent, urea 25 per cent, benzocaine 7 per cent, isocaine 3 per cent, phenylmercuric nitrate 1-5000, and base. It is used in the treatment of slow healing wounds, burns and ulcers. A generous layer is applied to fine meshed gauze, placed over the affected parts and allowed to remain for approximately 72 hours.

Wound healing with chemicals continues to be of some interest. It was recently announced that chemicals from wheat can speed the healing of wounds by as much as 57 per cent. The materials used were gluten sulfate and sulfated starch. For years urea has been used as a healing agent in cosmetic preparations.

Many materials have been described as sun screens and data regarding their effective concentration is available. It is interesting to note the presence of urea in such a listing of "screens" which may have usefulness.

Physiological knowledge regarding the skin surface has been greatly advanced in recent years. The outer layer is constantly shed as a normal process. In disease, an exaggerated process produces various-sized flakes and scales. The flexibility of this layer and the amount of shedding which takes place is largely dependant upon the layer's water content. This, in turn, depends primarily on the quantity of water soluble hygroscopic and surface active materials present. These components have been called collectively "Natural Moisturizing Factor" of the skin or NMF. Determinations of the chemical composition of NMF show the presence of urea (7 per cent).

So-called dispersing agents have been tried to break up cohesive horny layers on the skin. Urea is of value in conditions with thick horny accumulations; however, it has a drying effect in the high concentrations it has to be used.

Urea is very soluble in water (one Gm. dissolves in 1.5 ml.). Its dissociation is influenced by pH and temperature of the medium. Although some ammonium carbonate appears to be formed, hydrolysis is a somewhat complicated reaction.

When used as a buffer for highly acidic aluminum salts in antiperspirants it worked well, except that creams became spongy and eventually ammonium alums were formed. This resulted in crystal formation within the product.

Urea solutions have bactericidal action. Beneficial effects reported when 3 per cent solution was used in a hand cream and applied to infected lesions. A similar result was obtained with a 3 per cent concentration of urea in a cold cream formulation.

Urea is not a primary irritant (agent which causes an irritation by its direct

action on normal skin after it has remained in contact for a sufficient length of time, as characterized by the patch tests) or a sensitizer (agent which does not necessarily cause any reaction immediately on contact but may within a reasonable length of time cause some dermatitis).

The properties of urea, its availability, its nontoxicity, and its reported beneficial effects when applied to infectious lesions suggested that it would be a useful ingredient to incorporate in hand creams. A vanishing cream with 3 per cent urea had a soothing and healing effect on mild eczematous eruptions comparable to chapped skin.

However, it should be pointed out that concentrations of urea from 3 to 5 per cent, although quite compatible with the usual type of vanishing cream, a discoloration problem presented itself after a 6 month aging period.

Of some interest is a suggested treatment for acne which employed a fluid base composed of quince seed extract, urea, ethyl alcohol, bile salts, fused bentonite sulfur, and water.

During the past decade cosmetic scientists have paid much attention to the fingernail, and as a consequence, several new innovations have been introduced. Of these types of cosmetics an interesting one is the cuticle remover.

There is mentioned in the literature the value of quaternary ammonium compounds as cuticle softeners. These compounds have an affinity towards keratin and therefore impart a soft feel to the cuticle. A typical formula for one of these preparations contains 5 per cent of urea. In the formula the urea acts as a swelling agent for the protein (keratin).

Urea has also been used as a swelling agent for several synthetic gums in the formulation of a highly alkaline paste cuticle remover.

The use of ammoniated dentifrices in the prevention of dental caries has been argued pro and con. However, for example, inhibition of dental caries fol-

lowing use of a mouth wash containing 2 per cent of urea and 1 per cent of an anionic surfactant has been reported. A dentifrice containing 3 per cent of urea and 5 per cent of dibasic ammonium phosphate in powder form has been employed for the same purpose.

It is stated that the evidence for the usefulness of these products in the hands of the general public is either limited, inconclusive, or so contradictory that they cannot be accurately evaluated. However, dentifrice and mouth wash preparations containing urea, in concentrations ranging up to 22.5 per cent, have been formulated and promoted on occasions.

The use of chemicals for the curling of hair was widely studied for many years. In hair waving it is claimed that urea accelerates the swelling of hair and permits a decrease in the thioglycolate concentration of the lotion. (Urea is known to be an effective hydrogen bond breaker). Its use in a variety of thioglycolate lotions results in substantial increase of the curl imparted (tighter curls are obtained).

One patented liquid for setting hair at temperatures between about 20° and 40°C. without effecting any appreciable injurious swelling of the hair lists urea being present in a concentration equivalent to from about 15 to 40 per cent.

Urea is also listed as one of the many ingredients that have been used as plasticizers with various resins in hair spray formulations. (It is interesting to note that urea plastics, closure materials for containers, are noted for resistance to alcohols, oils, greases and weak acids).

The following cosmetic formulas (perfume, preservative and colorant q.s.) demonstrate the role of urea in this area: ANTIPERSPIRANT CREAM—Spermaceti 5, Glycerylmonostearate (acid-stabilized) 16, sodium lauryl sulfate 1.5, propylene glycol 5, titanium dioxide 0.5, urea 5, aluminum sulfate 18, and water 49; MULTIPURPOSE CREAM (suitable for shaving, hair,

cleansing, skin, and sun creams)—cetyl stearyl alcohol 3, fatty alcohol sulfonates 0.5, oleic acid oleyl ester 10, oleum hyperici 3, urea 2, glycerin 6, and water 75.5; **LIQUID MASSAGE CREAM**—stearic acid 4, glycerylmonostearate 3, liquid petrolatum 1, glycerin 4, triethanolamine 1, sodium lauryl sulfate 1.5, urea 0.5, and water 85; **HAND LOTION**—benzyl alcohol 4, lauryl sulfacetate 5, urea 8, tragacanth 1, sorbitol solution 5, alcohol 5, witch hazel 3, boric acid 1, menthol 0.2, and water 67.8; **ANTISEPTIC LOTION**—alcohol 20, phenoxyethyl alcohol 2, p-chloro-m-cresol 0.2, trimethyl alkyl ammonium bromide 1, urea 5, and water 71.8; **CUTICLE REMOVER**—cetyltrimethyl ammonium bromide 0.3, urea 5, sorbitol 5, and witch hazel extract 89.7; **WAVE SET**—polyvinylpyrrolidone 2.5, urea 1.25, triethanolamine 1.25, and water 95; **AEROSOL HAIR SPRAY**—etho-

xylated lanolin 1.5, polyvinylpyrrolidone 2, urea 1, and anhydrous alcohol 95.5; and **NONEDIBLE GLYCERIN SUBSTITUTE**—urea 20, sodium alginate 0.5, diethylene glycol 16, and water 63.5.

Urea also referred to as carbamide or carbonyl diamide by the manufacturer is an ingredient in the following commercial preparations: **BABY CREAM** (Ar-Ex) for infant skin with polysensitivities; **BODY LOTION** (Ar-Ex) a greaseless hypo-allergenic for use when irritants must be avoided; **CHAP CREAM** (Ar-Ex) to soften hands exposed to cold weather or irritants; **DERMASSAGE** (Edison) a homogeneous emollient lotion; and **PARAPROL** (National) a soothing and effective skin protector and cleanser.

—O—

Peanuts are generally recommended as being a relatively inexpensive source of protein.

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School of Pharmacy, U. of M., News

Student Chapter Meeting— APHA-MPA

On Tuesday, April 12, 1966 at 1:00 p.m. in Dunning Hall, the Student Chapter held its monthly meeting as a meeting-at-large of the entire student body.

Mr. A. F. Dallachiesa, Personnel Manager of Peoples Drug Stores, Inc., of Washington, D.C. described the career opportunities offered by his firm.

President of the organization is William Edmondson.

Dr. Kostenbauder Presents Lecture Series at School of Pharmacy

The University of Maryland School of Pharmacy sponsored a series of lectures featuring Dr. Harry Kostenbauder, Professor of Pharmacy at Temple University in Philadelphia.

The lectures took place April 5 in Dunning Hall, beginning at 9 a.m. with the topic, "Interactions of Preservatives with Surfactants and Macromolecules." At 1 p.m., Dr. Kostenbauder's lecture was entitled "Recent Studies on Modification of Biologic Half-Life of Drugs when used in Combinations." This was delivered in the Health Sciences Library Auditorium.

The final lecture, "Photobinding and Photoreactivity of Organic Compounds in the Presence of Macromolecules," took place in Dunning Hall of the School of Pharmacy at 4 p.m.

Dr. Kostenbauder, who is Vice President of the Scientific Section of the American Pharmaceutical Association, has done extensive research on the effect of physical and chemical properties of drugs on absorption from the gastrointestinal tract. He also holds the

position of Chairman of Graduate Studies at Temple.

His lectures here were part of the visiting scientists program of the American Association of College of Pharmacy.

Alumna of School of Medicine Authors History of University

Autographed copies of a new book by one of their colleagues will be available to reuniting alumni of the University of Maryland School of Medicine this Spring. It is *A University is Born* by Dr. Margaret Byrnside Ballard, until last year a member of the faculty of the School of Medicine in the Department of Obstetrics and Gynecology.

The book is a history of the University, and particularly its origin in the founding of the Medical College of Maryland in 1807, up to the significant date of 1920, when the Schools of Medicine, Pharmacy, Laws and Dentistry in Baltimore merged with the Maryland State Agricultural College in College Park. Included is a pictorial section of the founders, historical documents and first buildings of the University of Maryland.

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MPhA Life takes advantage of the mass purchasing power of the membership to provide broad life insurance coverage at a surprisingly low cost. Depending upon his age, a member may obtain \$10,000 of protection for as little as \$25.00, semi-annually, plus additional insurance bought for him by MPhA. For complete details, and an application, phone or write Bob Bischoff, MPhA Life Administrator, 2215 Constitution Avenue, N.W., Washington, D.C. 20037. (Area Code 202/628-4410).

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Indications: For relief of pain and discomfort of simple headache; neuralgia, myalgia, and musculoskeletal pain; dysmenorrhea; bursitis; sinusitis; fibrositis. Also indicated to reduce fever and to relieve discomfort due to respiratory infections, influenza, and other febrile conditions.

Contraindication: Not recommended during pregnancy.

Caution: May be habit-forming. Do not use in patients sensitive to barbiturates or in those with moderate to severe hepatic disease.

Side Effects: Nausea, transitory dizziness, rash. Overdosage of allobarbitol produces symptoms typical of acute barbiturate excess.

Dosage: *Adults:* 1 or 2 tablets every 4 hours. Not to exceed 8 tablets in 24 hours.
Children 6 to 12: 1/2 to 1 tablet every 4 hours. Not to exceed 4 tablets in 24 hours.

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- a financial service consultant
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THE SYMBOL OF SERVICE TO PHARMACY

Spring Regional Meeting

TURF VALLEY COUNTRY CLUB

THURSDAY, APRIL 14, 1966

The Spring Regional Meeting of the Maryland Pharmaceutical Association was presided over by President Alexander J. Ogrinz, Jr.

The business meeting featured an Open Forum discussion on "What Legislation Does Pharmacy Need?". Joseph S. Kaufman, legal counsel for the MPA and BMPA, introduced the subject and reviewed the legislative programs sponsored by the MPA in recent years. A report of the Legislative Committee was made by the Chairman, Jerome Mask.

There was considerable discussion on the floor for the need for the legislation introduced in the 1966 session of the state legislature. The proposed laws, although endorsed by the Allegany-Garrett Counties, Baltimore Metropolitan, Eastern Shore and Prince Georges-Montgomery County pharmaceutical associations, were not favorably considered by the House of Delegate Judiciary Committee. The consensus was that steps be taken for introduction of this type of legislation in 1967.

Convention Chairman Morris R. Yaffe outlined plans for the Annual Convention in Tamiment and urged all to attend.

Lee S. Bowers, Program Director of the Maryland Heart Association, presented details on the joint MPA-Maryland Heart Association Rheumatic Fever Prophylaxis Penicillin Program to be launched July 1, 1966. All pharmacists were scheduled to receive information in the mail during the coming months.

Also on the program was Roy H. Shumaker, Vice-President of the E. G. Leatherman Co., general agents for the Association's Health and Accident Plan. He introduced Mr. E. Gordon Leatherman and George J. Bereska, who presented details about a new group

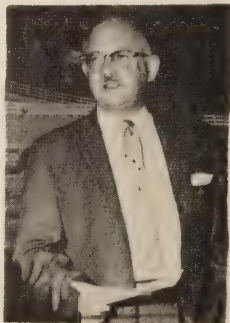
Catastrophe Health Care Plan and an Income Continuance Plan.

During the afternoon the Ladies Auxiliary (LAMPA) conducted a meeting featuring "The Anatomy of a Hat" with Mrs. William A. Pokorny.

Following a social hour and dinner, Gordon A. Mouat, Past President of the MPA and BMPA, was awarded the A. H. Robins "Bowl of Hygeia" Award for outstanding community service. Norman D. Huth, medical service representative in the Chesapeake Division of A. H. Robins, made the award. President Ogrinz participated in the ceremony.

Mr. Mouat was cited for his work as Chairman of the Pharmacy Services Committee of the State Council on Medical Care and as a pharmacy adviser to the Baltimore City Medical Care Program. He is a past president of the Alumni Association of the University of Maryland School of Pharmacy and a member of A.Ph.A., NARD, Baltimore and Towson Chambers of Commerce and Ascension Lutheran Church.

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Paramount Photo

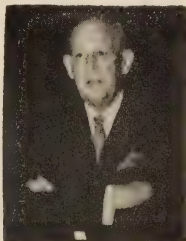
MORRIS R. YAFFE
Vice President and Convention
Chairman



Gordon A. Mouat (second from right), Baltimore, pharmacist, receives the A. H. Robins "Bowl of Hygeia" Award for outstanding community service from Norman D. Huth, medical service representative in the company's Chesapeake Division. Looking on are Nathan I. Gruz of Baltimore, executive secretary of the Maryland Pharmaceutical Association and Alexander J. Ogrinz Jr. of Baltimore, president of the Maryland Pharmaceutical Association.



JOSEPH S. KAUFMAN
Legal Counsel



ROY H. SHUMAKER
Association Health
Insurance Representative



ROY BOWERS
Maryland Heart
Association



LAMPA Caucus at the Regional Meeting

M.P.A. Regional Meeting





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Francis J. Watkins

For One Year
John D. Davidson
Kenneth L. Whitehead
Robert A. Williams

Maryland Pharmacist Committee

Paul H. Friedel, Chairman
Joseph Muth

George H. A. Kommalan, Board Advisor
L. Scott Grauel

Volume 24

APRIL 1966

No. 6

TAMPA MEETING

Reported by Paul Friedel

Tampa's "Past President's Meeting" was held at Vellegias' Restaurant, 204 S. High Street, on Saturday, April 2, 1966. Thirty two members, doctors, pharmacists, and guests attended. Eight Past Presidents and three honorary Presidents were among those attending.

Past Presidents included: Al Callahan, John Cornmesser, Richard Crane, John A. Crozier, E. A. Kabernagel, H. Sheeler Read, Lou Rockman, and Larry

Lorapough. Honorary Presidents in attendance included, Dorsey Boyle, Marvin Murph, and E. Donald Spedden. Other guests included Lou Glaser, Gordon A. Mouat, Norman Friedel, Gary Eser, and Leo Bloom.

All committee chairmen gave their committee reports. Secretary, John A. Crozier reported the Tampa's Oyster Roast held in March was the best attended Oyster Roast in the history of TAMPA.: Forty six members and 86 guests attended this gala affair.

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Baltimore Metropolitan Pharmaceutical Association

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President—JEROME A. STIFFMAN
First Vice President—FERDINAND F. WIRTH, JR.
Second Vice President—DONALD O. FEDDER
Third Vice President—JOSEPH H. MORTON
Fourth Vice President—BERNARD B. LACHMAN
Secretary—NATHAN I. GRUZ
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ANTHONY G. PADUSSIS
JACOB L. RICHMAN
MILTON SARUBIN
MORRIS R. WALMAN
EX-OFFICIO
NOEL E. FOSS

PRESIDENT'S MESSAGE

The primary interest of the Baltimore Metropolitan Pharmaceutical Association is the independent retail pharmacist. We are constantly searching for methods to make the public consciously aware of the vital importance of the community pharmacy.

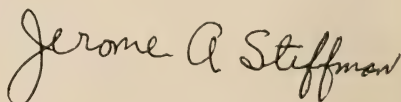
Our Public Relations Committee, under the able chairmanship of Anthony G. Padussis, is launching the first rocket to put the community pharmacy into orbit. He has devised a dynamically designed bumper sticker to place on business and family automobiles. The slogan reads:

"YOUR COMMUNITY PHARMACIST MAY SAVE YOUR LIFE
BUY AT YOUR NEIGHBORHOOD PHARMACY"

The thousands of messages seen by hundreds of thousands of people are worth, who knows, how many hundreds of dollars in advertising.

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CONTEMPORARY GREETING CARDS

Prince Georges-Montgomery Pharmaceutical Association

The Prince Georges - Montgomery Pharmaceutical Association held its 12th Annual Installation Diner-Dance on Thursday, April 28 at the Indian Spring Country Club.

Mr. Edward R. Tully, Special Agent in charge of the Baltimore office of the Federal Bureau of Investigation, was the main speaker of the evening. His topic was "Silent Witness".

Morris R. Yaffe, Past President of the local group and 1st Vice-President of the Maryland Pharmaceutical Association, served as toastmaster. The invocation was given by Morton J. Schnaper.

Following the introduction of guests by Toastmaster Yaffe, President Richard D. Parker delivered his address.

Past President Herman Taetle discharged the outgoing officers and installed the incoming officers.

The officers for 1966-67 are:

President—Melvin J. Sollod
1st Vice President—Paul Bergeron II
2nd Vice President—Murray Rubin
3rd Vice President—Ervin Koch
4th Vice President—Stanley Newhouse
Secretary—Paul Reznick
Treasurer—Richard Baylis

Executive Committee

Richard D. Parker, Chairman
Paul Fenton, Jr.
N. W. Chandler
Samuel Morris
Melvin Chalet
Gabriel E. Katz
Joseph Shapiro
W. L. Brunnett
D. J. Vicino
Rudy Winternitz

Ex-Officio

James E. Carr
Robert Biagi
Eugene Kucevich
Ben Muiltz

The response was made by Melvin J. Sollod, newly installed president. Presentations of awards were made as follows:

Past President Award

H. B. Gilpin Company
by Grant Turner
Manager, Washington Division

Presentation by

Washington Wholesale Drug
Exchange
by James A. Membert
Executive Vice President

President Award

District Wholesale Drug
Corporation
by David I. Estrin, President

PRINCE GEORGES-MONTGOMERY COUNTY PHARMACEUTICAL ASSOCIATION COMMITTEE CHAIRMEN

Program—Paul Bergeron II, Chairman
Murray Rubin, Co-Chairman

Membership—Stanley Newhouse, Chairman

Civil Defense & Natural Disaster—
Arthur S. Cohen, Chairman

Legislative—Gabriel Katz, Chairman

Budget—Morton J. Schnaper, Chairman

Public Relations — Samuel Morris,
Chairman

Professional Relations — D. J. Vicino,
Chairman

Publications—Paul Reznick, Chairman

Pharmacy Week—Morton J. Schnaper

Poison Prevention Week — Martin
Hauer, Chairman

Speakers — Donald R. Dodson, Chairman

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James E. Allen, President of The Henry B. Gilpin Company, and Leonard A. Freeman, President of Streater Store Fixture Company, sign agreements in behalf of their firms to combine their resources for advanced service to retailers.

Standing (l. to r.) S. Allan Duff, Jr., Store Development and Real Estate Operations Manager (Gilpin); R. Elmer Freel (Gilpin); William H. Whittlesey, Controller (Gilpin); L. B. Lackore, Vice President (Streeters); Don Semple, Manager National Accounts (Streater); R. B. Duncan, Jr., Vice-President (Gilpin); William P. Mallory, Special Products Manager (Litton Credit Corporation); Hiram D. Black, President (Litton Credit Corporation).

Gilpin has Selected Streater Store Fixtures for their new Drugstore Developmt. Program

James E. Allen, President of The Henry B. Gilpin Company, has announced the selection of the Streater Store Fixture Company and the Litton Credit Corporation to double their capacity for advancing the Gilpin merchandising and store development service to pharmacists.

Combining the vast resources of Litton Industries with the Gilpin store development and real estate operations, Gilpin is offering a new complete turn-key package for pharmacists who want to own and operate modern stores. Now the pharmacists throughout Gilpin's

marketing area in Delaware, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, West Virginia, and the District of Columbia have available all of the facilities they need, which are usually found only among the largest of industrial retailers. Gilpin has combined Streater, Litton, and Distribution Services, Inc. to form a complete package, including site evaluation, bankable leases, fixturing and designing, inventory, merchandising, and financing.

Mr. Leonard A. Freeman, President of Streeters, added, "We believe that with this program today's independent pharmacist can rely on his service wholesaler for the breadth of services he will need to continue as a strong retailing force."

Noxzema Introduces New Plastic Tube for Medicated Skin Cream

Noxzema Skin Cream, the medicated skin care preparation used by generations of American families, is now available in a brand new package—an unbreakable plastic tube that is ideal for the beach and travel. Light-weight, yet durable, it holds 4½ ounces of the famous all-purpose cream, which can be dispensed at the press of a finger.

Noxzema Skin Cream provides a complete beauty program in a single easy-to-use formula. An effective cleanser, night cream and make-up base, it cleans as thoroughly as soap, fights dryness greaselessly, while five medicinal ingredients help heal surface blemishes fast. An ideal hand cream, it also has a score of family uses including cooling, soothing relief from sunburn, windburn, chapping, diaper rash and minor burns.

Noxzema Skin Cream in the "little blue jar" was first developed in 1914 by Dr. George A. Bunting. Since then, sales have soared into the millions. In 1965, a liquid version of the famous formula was introduced. The new tube represents the third form of packaging for this product.



Noxzema Stockholders Hear Sales and Earnings Up in 1965

Mr. Norbert A. Witt, President of the Noxzema Chemical Company, reported at the Annual Stockholders' Meeting that the company enjoyed a record year in 1965. Figures, previously released, show that profits after taxes increased 27.9% over 1965 to \$1,943,059. Per share earnings were \$4.76 as compared to \$3.73 in 1964. The yearly dividend was increased from \$1.25 in 1964 to \$1.40 in 1965.

Mr. Witt noted that the company marked its eleventh consecutive annual sales increase in 1965. Net sales were

\$31,226,014, "a modest gain of 1.5% over 1964, but noteworthy in that no new products were marketed during 1965, contrary to 1964." Mr. Witt said that the development of new products continues to be a major corporate objective and it is expected at least one additional product will be introduced nationally during 1966, after very favorable test market results. "As a result of the aggressive promotion of our established commodity lines, more consumers used our brands during 1965 than ever before and all three lines, Skin Cream, Cover Girl Cosmetics and Noxzema Shave products sustained new sales records," he added.

Reporting on the company's move to Cockeysville, Mr. Witt noted that the occupation of the new Administration and Laboratory building was expected by June 1. Following this, the Manufacturing Division will move between June 1 and September 30. "With all of this major expansion, a very liquid financial position has been maintained and only short-term borrowing is anticipated to complete this unprecedented expansion program."

Looking ahead to 1966, Mr. Witt reported that sales and profits for the first two months are running ahead of the same period in 1965. The regular quarterly dividend to stockholders for the first quarter of 1966 will be 25 cents per share, up from 20 cents in 1965.

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The Small Business Administration and The National Association of Retail Druggists Cooperate in Preparing Booklet On The Operation of A Retail Drug Store

"STARTING AND MANAGING A SMALL RETAIL SMALL DRUGSTORE" is the title of a booklet now being distributed by the Small Business Administration, Washington, D.C.

This text was prepared in cooperation with the National Association of Retail Druggists as part of the Management and Technical Publications Program of SBA's Office of Business Assistance, Business Management Development Division. The booklet was edited by Jean B. MacArthur under the administrative direction of Robert A. Litzberg, Program Manager.

Material of significant interest to pharmacists' business responsibilities are covered in the booklet which is more than 100 pages in length.

The text is divided into eight parts. Part I, "The Decision," deals with the basic question of whether one should own a pharmacy, describes what it is like to run a drug store and provides questions which the prospective pharmacy owner must answer within himself before he embarks upon the operation of a retail drug store.

Part II discusses the problems relating to whether one should buy a going business or develop a new store.

Part III reviews such matters as choice of location, lease arrangements, store planning and layout, possibilities of a soda fountain operation and basic data with respect to laws and regulations which all new pharmacy owners will encounter.

Part IV deals with the prescription area, both in terms of physical layout and professional contacts, which must be established with others.

Part V goes into purchasing, pricing and stock control problems.

Part VI reviews personnel requirements.

Part VII emphasizes the need for effective cost controls and adequate record keeping.

Part VIII goes into detail with reference to sales promotion and efficient selling methods.

Willard B. Simmons, Executive Secretary of the N.A.R.D., in making the announcement of the booklet's release, coinciding with a similar bulletin from SBA, suggested that all retail druggists, pharmacy organizations, colleges and schools of pharmacy and other interested parties obtain a copy of "STARTING AND MANAGING A SMALL RETAIL DRUGSTORE" as soon as possible.

The booklet is for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, price 40 cents.

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R. E. Booze Receives Squibb A.Ph.A. Award

R. E. Booze of Baltimore, a representative of the pharmaceutical firm of E. R. Squibb & Sons, Inc., attended the recent annual convention of the American Pharmaceutical Association in Dallas, Texas. While there, he was presented with the "Squibb-A.Ph.A. Award" by Fred J. Stock, Squibb senior vice president and Michael Bongiovanni, Squibb vice president for sales. The award is one of Squibb's highest honors and is given in recognition for outstanding performance in relations with pharmacists, hospitals, and teaching institutions in the sales area.

—O—

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Hamarneh Wins Kremers Award

The Edward Kremers Award for distinguished pharmaco-historical writing by an American was conferred upon Dr. Sami K. Hamarneh, Curator, Division of Medical Sciences, Smithsonian Institution, Washington, D.C., according to the American Institute of the History of Pharmacy. The Institute's President, William H. Helfand of Philadelphia, presented the award to Hamarneh during the Institute's 25th Anniversary Luncheon at the annual meeting of the American Pharmaceutical Association at Dallas, Texas.

Hamarneh received the award "for his meticulous scholarship and important revisionary interpretations concerning the history of pharmacy in Islamic culture." As exemplifying this contribution, the Institute's Committee on Awards cited "The Rise of Professional Pharmacy in Islam," published in *Medical History*, 6(1962):59-66. The Committee also pointed to Hamarneh's steadily growing contribution to the history of pharmacy in the form of numerous bibliographical and historical articles of high merit relating to Islamic pharmacy, including his book (with Glenn Sonnedecker as co-author) *A Pharmaceutical View of Abulcasis al-Zahrawi in Moorish Spain* (Leiden, 1963).

An American born in Jordan, Hamarneh earned his B.S. degree in pharmacy at the Syrian University at Damascus and for a time managed his own pharmacy in Jordan. He subsequently received his M.S. degree from the School of Pharmacy at North Dakota Agricultural College, and his Ph.D. (with a joint major in the history of pharmacy and the history of science) at the University of Wisconsin. He joined the Smithsonian Institution in 1959.

In 1965, Hamarneh received the Order of al-Kawab (Star of Jordan) from the King and government of the Hashemite Kingdom of Jordan in recognition of

his scholarly research in the history of Islamic medicine and pharmacy.

Given for the first time in 1962, the Edward Kremers Award honors the memory of Edward Kremers (1865-1941), pioneer of American pharmaceutical education, distinguished American historian of pharmacy, and one of the founders of the American Institute of the History of Pharmacy. The award is made by the Institute, upon recommendation of a committee of professional historians, for a specific original publication or a series of related articles (including manuscripts) pertaining primarily to historical or historico-social aspects of pharmacy.

—O—

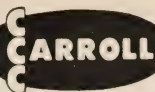
Dr. John J. Sciarra Lectures

Dr. John J. Sciarra, Professor of Pharmaceutical Chemistry and Chairman of the Department of Pharmaceutical Sciences, at St. John's University gave lectures as a Visiting Scientist at the University of Kentucky's College of Pharmacy.

The first of Dr. Sciarra's two lectures was given to Pharmacy alumni, faculty and Sigma Xi members on the physico-chemical aspects of Aerosol Technology, a field in which the St. John's faculty member has a nationwide reputation. His second lecture was directed towards pharmacy students on the topic of pharmaceutical aerosols and the aerosol training program.

Dr. Sciarra has been a Visiting Scientist for the past three years and has given lectures at several universities during this period. His accomplishments in the field of aerosols have recently been further recognized by his election to the Chairmanship of the Aerosol Committee of the Packaging Institute, an organization composed of representatives from the major industrial concerns.

—O—



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FDA Places Sweeping Curbs on Claims for Vasodilators

The FDA has announced restrictions on advertising and labeling claims for coronary vasodilators which are prescribed for millions of persons with heart conditions. The agency said it has prohibited the manufacturers from claiming effectiveness in any heart condition but angina pectoris, the massive chest pain associated with coronary artery disease. According to Dr. Robert J. Robinson, Acting Director of FDA's Bureau of Medicine, the drugs, including amyl nitrate, erythrityl tetranitrate, mannitol hexanitrate, nitroglycerin, potassium nitrite, sodium nitrite, inositol hexanitrate, isosorbide dinitrate, octyl nitrite, pentaerythritol tetranitrate and triethanolamine trinitrate biphosphate, "are safe and widely regarded as useful under medical supervision" in the case of angina.

Dr. Robinson said that claims of efficacy in other medical conditions will not be allowed unless the manufacturers support them with well-controlled human trials, as required by the 1962 amendments to the drug laws. Commissioner James L. Goddard added that "neither clinical investigations nor clinical experience justifies any representations" that the drugs are not useless in managing such conditions as hypertension, coronary insufficiency or coronary artery disease, except for their anginal manifestations. This is also the case in the post-coronary state, except when angina pectoris is present after coronary occlusion and myocardial infarction.

This FDA action involves no seizures or allegations of false advertising such as these involved in the sale of antibiotic throat lozenges.

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L.A.M.P.A. Meeting and Luncheon

The Ladies Auxiliary of the Maryland Pharmaceutical Association held its luncheon on Thursday, April 14, at the Turf Valley Country Club in conjunction with the Spring Regional Meeting.

An entertaining program was offered by Mrs. Margaret Pokorny, with Mrs. Frank Slama acting as Program Chairman. LAMPA President, Mrs. Milton Friedman, chaired the event.

Milton Friedman Garners Another Big Display Prize

M.P.A. Second Vice President Milton A. Friedman has won the grand prize in an AGFA-GEVAERT Photographic Products Display Contest, which consists of a trip to Europe for two via Lufthansa Airlines.

The trip, which Mr. and Mrs. Friedman will take some time later this year, will entitle them to a choice of three itineraries. It was won for the display of Agfa Rapid cameras.

Baltimore Veteran Druggists' Association

A meeting of the Baltimore Veteran Druggists' Association was held April 20 at 12:45 in the Baltimore Union. Luncheon was served.

Birthdays celebrated at that time were these of Fraters Brown, Libowitz and Raichlen.

Robert O. Wooten is President.

HWD Diagnostic Disposable Units

Indigo Carmine and Phenolsulphonphthalein (PSP) Solutions, diagnostic agents used in the determination of kidney function, are now available in a new disposable unit.

Each disposable unit contains—an ampule of either Indigo Carmine or PSP, a sterile disposable needle, sterile glass disposable syringe and an alcohol swab.

The individual disposable units are packaged in boxes containing 10 or 25 units each.

The new Indigo Carmine and PSP Disposable Units round out the HW&D disposable line, providing greater convenience, safety and economy in diagnostic preparations utilized by hospitals, clinical labs and the individual physician.

—O—

Morgan & Millard Wins Whitman Display Contest

Charles J. ("Buck") Neun of Morgan & Millard Pharmacy was the winner of first prize in the national display contest conducted by Whitman Chocolates.

The prize was a trip for two to the Virgin Islands. Joseph Grubb and Sydney E. Hamilton are representatives for Whitman.

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Dunn Received APhA's Daniel B. Smith Award

Raymond L. Dunn, Connecticut community pharmacist and President of the Academy of General Practice of Pharmacy of the American Pharmaceutical Association has been named recipient of the 1966 Daniel B. Smith Award.

The Award, named after the first President of the APhA and given to "a community practitioner who has distinguished himself and the profession by outstanding performance", was presented Wednesday, April 27, at the General Session of the APhA annual meeting in Dallas.

Mr. Dunn, long-time secretary of the state Commission of Pharmacy, has served on several APhA committees and commissions, including the Chairmanship of the Legislative Committee, and as Vice Chairman of the APhA Section of General Practice, the forerunner of the GP Academy. In 1962 he was a candidate for Second Vice President of APhA.

The Smith Award was first presented at the 1965 Detroit annual meeting with Eugene V. White, community pharmacist of Berryville, Virginia, as recipient. Mr. White was cited for his pioneering of the pharmaceutical center form of community practice.

Mr. Dunn is active in civic, professional and political affairs and is a past President of the Connecticut Pharmaceutical Association and has served several terms as Democratic Town Chairman. He was first appointed to the Connecticut board in 1955 and was re-appointed in 1961. Born in Massachusetts, Mr. Dunn graduated from the College of Pharmacy of Fordham University. After several years of chain practice, he joined an uncle in the Greenwich Drug Company, which was founded in 1861. He became head of the company in 1935.

Active in the National Association of Boards of Pharmacy, Mr. Dunn has served on the NABP Legislative Committee, been chairman of the NABP-American Association of Colleges of Pharmacy District 1, and has been an officer of the New England Council Boards of Pharmacy.

—O—

Cancer Research Progress

A new lead in cancer research has been uncovered in an investigational drug which attacks a wide variety of experimental tumors in mice, it was disclosed here today.

Researchers of Eli Lilly and Company reported on the new drug—called acronycine—at the annual meeting of the American Pharmaceutical Association. Acronycine is an alkaloid obtained from the bark of the Australian scrub ash tree.

The researchers cautioned that acronycine is still in the early stages of investigation. Considerable additional study must be undertaken to determine the extent of toxicity in animals before trials in human beings may be justified.

The significance of the discovery is that a new kind of chemical structure with antitumor effects has become available for investigation, the Lilly researchers said.

In mice, acronycine inhibited twelve of seventeen types of experimental tumors. In tests involving ten kinds of cancer, significant numbers of mice have survived indefinitely.

The report was presented to the association by Gordon H. Svoboda, Ph.D., phytochemist, and Gerald A. Poore, Patrick J. Simpson, and George B. Boder, bacteriologists.

—O—

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Emergency Health Manual Available For Pharmacies

John R. Kenny, Jr., Chairman of the Committee on Disaster and National Security of the American Pharmaceutical Association, announced the availability of the recently-published "Orientation Manual on Disaster Preparedness for Pharmacists".

The manual, which was prepared by the APhA Committee, clearly outlines the pharmacist's areas of responsibility during a disaster and discusses various organizational programs and activities in relation to existing federal disaster programs. Mr. Kenny pointed out that "the pharmacist has the primary responsibility of supplying the physician with medications and supplies which he will require in order to save lives."

He also stated that "in the absence of medical supplies, the physician's ability to effectively cope with all types of medical casualties would be greatly reduced. Imagine the difficulties involved in trying to prevent epidemics without the aid of vaccines or antibiotics or to alleviate pain and suffering without the benefit of analgesics and sedatives."

Recognizing the importance of the pharmacist's services under all types of emergency circumstances, it is hoped that the "Orientation Manual" will provide a basis for community pharmacists to develop programs in conjunction with allied health professionals, as well as with local, state and federal agencies. The manual, in addition to citing useful reference material, contains a complete listing of all the pharmaceuticals and related supplies in the Packaged Disaster Hospital (PDH). Also listed are the contents of the Fall-out Shelter Medical Kits.

Single copies of the "Orientation Manual" may be obtained by writing to the Division of Communications,

APhA, 2215 Constitution Ave., N.W., Washington, D.C. 20037. Quantity requests should be addressed to the Health Mobilization Representative in the respective State Health Department.

—O—

Health & Welfare Unit for SKF

Smith Kline & French Laboratories has established a special group in its Marketing Division to evaluate continuing market changes resulting from expanding government health and welfare programs.

Frazier Cheston, Director of Distribution, said the pharmaceutical firm established the section because of the growing importance of government health and welfare programs, such as Medicare, to the company's business.

Donald W. Belcher, who recently analyzed the impact of Medicare on the company, has been named Director, Health and Welfare Activities. Thomas M. Collins, formerly Manager of Distribution Relations, becomes Assistant to the Director, Health and Welfare Activities.

The new section will have offices in both Philadelphia and Washington.

Mr. Cheston also announced that Col. Howard B. Nelson (USAF Ret.) becomes Associate Director, Health and Welfare Activities, with headquarters in the nation's capital. Colonel Nelson's former duties will be assumed by Col. Kenneth B. Johnson (USAF Ret.), who becomes Associate Director for Government Distribution, also located in Washington. Colonel Nelson and Colonel Johnson will report to Belcher.

—O—

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Obituary

Bernard Ulman, Sr.

Bernard Ulman, Sr., 83, died April 25. He was sole owner of National Pharmaceutical Manufacturing Company since 1927 and had been its President since its incorporation six years ago.

Mr. Ulman was a member of the Maryland Pharmaceutical Association, T.A.M.P.A., the Baltimore Drug Exchange, the Baltimore Veteran Drug-gists' Association and the Arex Club, in addition to other civic and professional organizations.

Surviving are his widow, Cora Mitchell Ulman; two daughters, Mrs. Maurice Alce and Mrs. Curtis W. Long; and a son, Bernard Ulman, Jr. He also leaves eight grandchildren and two great-grandchildren.

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(1) Frykman, H.M.: Minn. Med., Vol. 38, Jan. 1955. (2) Poth, E.J.: The J.A.M.A., Vol. 163, No. 15, April 13, 1957. (3) McGivney, J.: Texas State Jour. of Med., Vol. 51, No. 1, Jan. 1955. (4) Stern, F. H.: Jour. of The Amer. Ger. Soc., Vol. 11, No. 3, Mar. 1963. (5) Weekes, D. J.: N.Y. State Jour. of Med., Vol. 58, No. 16, Aug. 1958. (6) Abbott, P.L.: Jour. of Oral Surg., Anes. & Hosp. Dental Serv., Vol. 19, July 1961. (7) Weekes, D. J.: E.E.N.T. Digest, Vol. 25, No. 12, Dec. 1963.

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THE **M**ARYLAND PHARMACIST

See page 618



Dedication B. Olive Cole Pharmacy Museum, Kelly Memorial Building
Headquarters, Maryland Pharmaceutical Association, May 19, 1966



Paramount Photo Service

Left to right: Dr. Noel E. Foss, Dean, University of Maryland, School of Pharmacy; Dr. Linwood F. Tice, Dean, Philadelphia College of Pharmacy and Science and President, American Pharmaceutical Association; Dr. B. Olive Cole, Professor Emerita, University of Maryland, School of Pharmacy; Pharmacist, Morris L. Cooper, Museum Curator; Cole Museum Committee Chairman, Irving I. Cohen, Baltimore Pharmacist.

84th ANNUAL CONVENTION MARYLAND PHARMACEUTICAL ASSOCIATION

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLI

MAY 1966

No. 8

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PATRONIZE OUR ADVERTISERS

The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price \$5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 8, 1879.

Editorial

Government and Health Care: A Partnership

Whether we like it or not, we have entered a period of greater and greater involvement of government in all aspects of health care. As the law of the land, we must accept and live with medical care programs for the indigent, the aged, the handicapped, the blind and dependent children.

Under Title XIX of the Social Security Amendments of 1965, we will see more and more people of all ages who will be certified as medically indigent and, therefore, eligible for free health care. Prescriptions for these people will be filled for the most part in community pharmacies.

For the profession of pharmacy the important objective must be to assure quality pharmaceuticals and the highest standards of service for all. *Those interested in maintaining a free, independent practice of pharmacy will insist that prescriptions for recipients of public health programs be filled in community pharmacies, with freedom of choice of pharmacist assured.* This has been and is the position of the Maryland Pharmaceutical Association.

The percentage of the volume of pharmacies derived from prescriptions, drugs and related health needs is increasing rapidly. Within a few short years the 50% mark will be exceeded as a national average for independent pharmacies. Medicare and welfare programs are going to accelerate this trend.

The alert pharmacist who explores and takes advantage of professional opportunities in his neighborhood will be able to approach the status of a full time health professional, with all the

attendant satisfactions and rewards. This development will help mold the image of some pharmacies as being particularly interested in pharmaceutical services, rather than merchandising. In turn, this resulting image will tend to identify further certain pharmacies as those involved in pharmacy as a profession—a kind of snow-balling effect, as it were.

In effect, then, government and health care can be exploited by pharmacists for both the benefit of public health and the profession of pharmacy. A healthy partnership can result when the public interest and the professional interest coincide.

Here is a concrete demonstration of the inadequacy of the individual and the imperative need of effective, unified efforts through a professional society. The Maryland Pharmaceutical Association, with less than 100% support from the profession it works and fights for, has remarkable achievements to its record. Now, in order to meet the challenges of the coming months and years in the single field of governmental health plans alone, greater support for the MPA—numerically, financially and in personnel (staff and volunteer)—is mandatory.

All pharmacists will have to devote serious thought to what their responsibilities are, where their own true interests lie, what temporary sacrifices they are willing to make to achieve solid long range goals, and what commitments they are convinced are essential for the survival of pharmacy as a free, independent profession.



President's Message

Dear Fellow Members:

As we approach another Annual Convention—the 84th Annual Meeting of the Maryland Pharmaceutical Association—one is struck by the fact that there is an active and varied program being carried on by the MPA on behalf of all pharmacists and the allied drug industry.

During the past year as your President, I was in a position to see that behind every project there were countless hours and days contributed freely by fellow pharmacists for the benefit of everyone. There are a number of practicing pharmacists who serve as chairmen, officers or committee members whose freely given services are really beyond repayment. These men gladly give of themselves and seek only to advance their chosen profession. We can hardly thank them enough.

There are a number of projects in which the Association has been involved and some have succeeded or progressed satisfactorily. Others have not advanced as rapidly as we would like.

Among the successes has been the dedication of the Cole Pharmacy Museum. I am truly proud to have seen this wonderful contribution to our pharmaceutical heritage become a reality during my term. At the same time the Swain Model Pharmacy is being installed and should be completed this year.

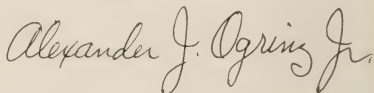
Of great importance to practicing pharmacists are the increases that we have obtained in medical care fees. Although many persons helped, it must be clearly understood that the leadership and the accomplishment came from the MPA and its representatives in the appropriate places.

In the area of prescription prepayment plans, the MPA has gone to expense and effort to obtain information about possible plans that would be on a solid footing for us in Maryland. We hope that when we do come up with a recommendation for the pharmacists of this State, they can be sure that it will be sound from every point of view.

And so, as we prepare for our Annual Convention, I can only say to every pharmacist, attend so that you can personally receive a more complete report of the work done on your behalf and on behalf of the profession of pharmacy. Come and learn how others meet the problems you and I both have. Come and hear from experts and come and enjoy yourself.

I hope to have the pleasure of meeting many of you at Tamiment-in-the-Poconos the last week in June.

Sincerely,

A handwritten signature in cursive script, reading "Alexander J. Ogging Jr.", written in dark ink.

President

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A Message from the Executive Secretary

"If I don't work for these people, someone else will"

During the last few years a number of "pharmacies" have been opened which have used the pharmacy not to provide pharmaceutical services to a community, but as a loss-leader department of a large mercantile enterprise or food market. The pharmacy merely serves as a promotional gimmick to draw traffic or create an image of low prices throughout the emporium.

The firms engaged in these exploitations of a profession in order to expand the volume or number of their outlets usually have been owned by non-pharmacists. Recently it was announced that some of these "pharmacies" have closed down altogether or given up their pharmacy departments.

The pharmacists previously employed by these closed down "pharmacies" permitted their pharmacist licenses to be used to break down vital pharmacist-physician-patient relationships. Pharmacists degrade their profession when they associate with enterprises that make the compounding and dispensing of prescriptions the mere sale of a commodity rather than the participation in community health care through personalized professional pharmaceutical service.

Some of these pharmacists, enticed by seemingly irresistible offers, have rationalized, "If I don't go to work for these people, some one else will".

The result of this kind of ethics, if practiced by many others, can only be a great diminution of opportunities for pharmacists to establish or maintain a free practice of pharmacy as an independent profession. Fortunately, the large majority of pharmacists have made a professional choice and have declined to allow their personal phar-

macist license to be used to erode the foundations of pharmacy practice.

Opportunities for Community Practice

We must applaud the efforts of firms such as the Henry B. Gilpin Company who seek to develop programs to enable pharmacists to secure desirable locations for community practice. By means of guaranteed leases, management and financial assistance, store planning and Pharmaceutical Center designs, qualified ambitious pharmacists can establish their own pharmacy practices.

Calvert Drug, District Wholesale, Loewy and Washington Wholesale, of course, also offer many valuable programs to assist the pharmacist who wishes to launch his own private pharmacy practice or to better maintain an already existing pharmacy.

The drug wholesaler now more than ever is an irreplaceable link in efficient drug distribution through essential community pharmacies.

MPA's Unique Group Health Plans

At the Spring Regional Meeting, the Association's group health and accident insurance firm, American Health & Accident Insurance Co., revealed some unique, economical plans to meet the high costs of medical care. All members will shortly receive a brochure with details. It will pay every member to contact Mr. Roy H. Shumaker of the E. G. Leatherman Company at VE 7-7561 to learn why no other plan even approaches the features and benefits of the Association plan at such a low cost.

Nathan S. Gruy
Executive Secretary



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A Message From The General Chairman Of The Convention



MORRIS R. YAFFE

The rolling hills of Pennsylvania, with its beauty and Dutch Colonial heritage, beckon to you to come and spend your family vacation with The Maryland Pharmaceutical Association in Tamiment-in-the-Poconos on June 27th through the 30th.

Here at Tamiment, you will eat and drink and play as guests of this great "vacation-land". Everything for your pleasure and comfort is at your beck and call. Your children may be taken care of by trained counselors all day long. There will be swimming, boating, fishing, handball, shuffle board, nature walks, dancing lessons, adult games and the most picturesque golf course on the east coast.

At night we will be entertained by top notch talent and dance to the lilting tunes of two orchestras—American and Latin American. For those who

seek a more secluded spot, there is "The Constellation Room" with its famous combo and charming songstress.

Our business programs will follow a more concise form, limiting committee reports to the minimum to give more emphasis to the program presentations. Our main feature of the business meetings will be the presentation of very important and helpful facts on nursing homes, Medicare and H.R. 2 by the top people in these fields.

Some of the Convention Program highlights are:

Monday afternoon—"Day of Judgment", a film produced by Eli Lilly and first shown at the A.Ph.A. Convention in April. The film presents some situations encountered by pharmacists in dealing with patrons and how one pharmacist met them.

Tuesday morning—A panel will discuss "How to Save the Independent Practice of Pharmacy". Three guest community pharmacists will join with members present to exchange views. Two films first premiered at the A.Ph.A. Convention will be presented on how community pharmacists can efficiently service nursing homes and small hospitals.

Wednesday all day will be set aside for your pleasure and fun—no business meetings. There will be golf tournaments, soft ball games, ladies games, etc.

Thursday morning—FDA staff member Paul A. Pumpkin will speak on "Drug Abuse Control and the Pharmacist".

As for evening entertainment, there will be a Tamiment Show every evening, except Tuesday, when TAMPA will present a full scale, old-time carnival. Dancing will be available every evening.

The traditional banquet and installation on Thursday will be preceded by a cocktail party compliments of Tami-

ment. Following the banquet there will be a gala show New York style, followed by dancing far into the night to end what we hope to be the most glorious convention yet.

I wish to thank and compliment TAMPA for its part in making this Convention the success we hope it will be. Their diligence in serving the Maryland Pharmaceutical Association at the registration desk and as official greeters and with the prizes is hard to beat. I personally commend President Bloom and his committee for their dedicated efforts.

My congratulations to LAMPA and their President Sadye Friedman, and

her committee, who have served and always will serve to brighten up our meetings and entertainment with their "Jouex de Vie".

A special thanks to Loewy Drug for supplying us with a bus to and from Tamiment.

To my committee, and the suppliers who contributed toward this Convention, my heartiest thanks. To Mr. Ogrinz and Secretary Gruz for their advice and counsel go my warmest thanks.

I look forward to greeting each and every one of you personally at Tamiment.

—O—

A Message From The President Of LAMPA



Paramount Photo Service

MRS. MILTON A. FRIEDMAN

then I have climbed LAMPA's ladder from committee member and chairman to Vice President and now, President.

This message allows the opportunity for me, as your President, to express my sincere appreciation for the privilege of serving you.

LAMPA's Fall Regional Meeting at the Peter Pan Inn started the year, which closed with the Spring Regional at Turf Valley Country Club. Our Annual Luncheon and Fashion Show, just recently held at the Sheraton Belvedere Hotel, was a big success.

The MPA Convention this year will be at Tamiment-in-the-Poconos. An excellent afternoon is planned for the ladies on Tuesday with Miss Judith Keith giving a delightful program on "I Haven't A Thing To Wear". The Annual Meeting of LAMPA will precede Miss Keith's talk.

Tamiment provides facilities for every age, counselors for the very young, art classes, tennis, golf, swimming and just relaxing. Discuss this four day trip with your husbands and friends and come! You'll be glad that you did.

—O—

It all began twelve years ago. At first, I was just a spectator, but since

Convention Program Features

Monday Afternoon—June 27—"Day of Judgment", a motion picture presented by Eli Lilly & Co. to help pharmacists focus on some of the important human-relations problems encountered in pharmacy today. As the host, Walter Pidgeon, points out, the pharmacist's success and the stature of the entire profession rest upon the way human-relations situations are handled. It doesn't matter whether a pharmacy fills one, ten, or a thousand prescriptions per day, the relationship between the pharmacist and the patron is the same.

Tuesday Morning—June 28—"How to Save the Independent Practice of Pharmacy", a panel presentation, moderated by Dean E. Leavitt, Assistant Professor of Pharmacy, University of Maryland, School of Pharmacy. Panelists are three pharmacists who own community pharmacies: Mary Lou Andersen, President of the Delaware Pharmaceutical Society; Emanuel Fiel, Philadelphia; Charles A. Schreiber, Chairman of the A.Ph.A. House of Delegates and Past President of the Indiana Pharmaceutical Association.

Drugs, Nursing Homes and Medicare—Two films first premiered at the American Pharmaceutical Association Convention in April will be shown. "Pharmaceutical Services in the Nursing Home" was produced by A.Ph.A. and Roche Laboratories. The film explains new opportunities and challenges open to pharmacists in providing prescription service and pharmaceutical consultation to nursing homes under Medicare.

"New Dimensions for Service" will be presented by Donald E. Olsen, Field Manager, The Pharmacy Design Department, McKesson & Robins. In this presentation Mr. Olsen will describe "Three New Dimensions for Service" for the community pharmacist. He will begin with a report on the A.Ph.A.-

McKesson pharmaceutical center program; tell about successful 1965 installations, and then show the 1966 McKesson model pharmaceutical center. He will discuss the home comfort aid department as a fresh opportunity for pharmacists, brought to the fore by Medicare, and then describe a new program for service to extended care facilities, which new program provides all elements necessary for a Medicare-accredited nursing home pharmaceutical service.

Tuesday evening a wonderful TAMPA Carnival will be put on. An old time authentic carnival with loads of prizes and fun for all.

Special ladies program by LAMPA. Judith Keith, Fashion Humorist, will present a delightful, unique program "I Haven't A Thing To Wear".

Wednesday Morning—June 29—Recreation and fun for all. Golf tournament, soft ball games, ladies games and dozens of varied opportunities to play or loaf. No business schedule.

Thursday Morning—June 30—Paul A. Pumpian, FDA Bureau of Drug Abuse Control, will speak on "Drug Abuse Laws and the Pharmacist's Responsibilities in 1966".

TAMPA Annual Meeting and Election of Officers.

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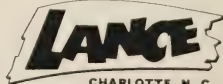


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Program 84th Annual Convention

MARYLAND PHARMACEUTICAL ASSOCIATION

in conjunction with the Ladies and Travelers Auxiliaries

TAMIMENT-IN-THE-POCONOS, TAMIMENT, PA., JUNE 27, 28, 29, 30, 1966

Registration in the Administration Building beginning 9 AM. Monday, June 27th

SUNDAY, JUNE 26

- 3:00 P.M. Hospitality Room — refreshments for early arrivals
- 9:30 P.M. Dancing and entertainment a la Tamiment

MONDAY, JUNE 27

- 9:00 A.M. Registration Desk Opens
- 2:00 P.M. FIRST SESSION — Constellation Room
- 2:00 P.M. Convention Call to Order — President Alexander J. Ogrinz, Jr.
 - Opening Remarks — President Ogrinz
 - Communications
 - Committee Reports
 - Report of the School of Pharmacy, University of Maryland,
Dr. Noel E. Foss, Dean
 - Report of the Board of Pharmacy — Francis S. Balassone, Secretary,
Maryland Board of Pharmacy
 - "Day of Judgment" — Eli Lilly Film
 - Announcements
 - Attendance Prizes
 - Adjournment

ENTERTAINMENT FEATURES:

- 9:30 P.M. Variety Show — Theatre
 - Dancing — Ballroom
- 10:45 P.M. Late Late Show (Live)—Constellation Room

TUESDAY, JUNE 28 — SECOND SESSION — Constellation Room

- 9:00 A.M. Call to Order — President Ogrinz
 - Early Bird Attendance Prize
 - Invocation
 - Address of President Alexander J. Ogrinz, Jr.
 - Report of Executive Secretary
 - Treasurer's Report
 - Prize Drawings
 - PANEL PRESENTATION — "HOW TO SAVE THE INDEPENDENT PRACTICE
OF PHARMACY". Moderator Dean E. Leavitt. Panelists: Mary Lou
Andersen, Emanuel Fiel, Charles A. Schreiber.
 - "PHARMACEUTICAL SERVICES IN THE NURSING HOME"—
A.Ph.A.—Roche Laboratories Film
 - "NEW DIMENSIONS FOR SERVICES" — Donald E. Olsen, Field Manager
McKesson & Robbins.
 - Announcements
 - Prize Drawings
 - Adjournment
- 12:00— LAMPA Annual Meeting and Luncheon — Prizes, gifts.
Special Program: Judith Keith, Fashion Humorist,
"I Haven't A Thing To Wear"

ENTERTAINMENT FEATURES:

- 9:30 P.M. TAMPA Carnival — "takes you back to good old days" —
Prizes. Dancing in the Ballroom.

WEDNESDAY, JUNE 29

A day of pleasure and fun — no business meetings.
Golf tournaments, softball games, ladies games, etc.

ENTERTAINMENT FEATURES:

9:30 P.M. Dancing and Entertainment — Ballroom

THURSDAY, JUNE 30

9:30 A.M. Call to Order — President Alexander J. Ogrinz, Jr.

Early Bird Attendance Prize

Communications

Memorial Services

ADDRESS: "DRUG ABUSE CONTROL AND THE PHARMACIST" —

Paul A. Pumpian, FDA Bureau of Drug Abuse Control

Report of Nominating Committee

Election of Officers and Members of Executive Committee

Election of Nominees for the State Board of Pharmacy

Prize Drawings

Adjournment of the Convention

11:00 A.M. TAMPA Annual Meeting — Library

1:00 P.M. Meeting MPA Officers and Executive Committee — Library

ENTERTAINMENT FEATURES:

6:30 P.M. Reception — cocktails and hors d'oeuvres

7:30 P.M. Annual Banquet — Main Dining Room

Awards

Installation of Officers

9:30 P.M. Dancing and Entertainment

PLEASE NOTE: Badges Must Be Worn At All Times.

Banquet Tickets Available For Those Not Registered at Tamiment at \$10.00 per person. The Banquet is considered as Part of the Hotel Convention Rate.

Breakfast will be served from 8:00 to 9:30 A.M.

Lunch will be served from 1:00 to 2:00 P.M.

Dinner will be served from 7:30 to 8:30 P.M. except for Banquet.

Donors of gifts, prizes and favors shall be announced throughout the events of the Convention.

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B. Olive Cole Pharmacy Museum Dedication

Dedication ceremonies for the B. Olive Cole Pharmacy Museum took place May 19 in the Health Sciences Library of the University of Maryland Baltimore Campus. The Museum will encompass exhibition cases in the foyer of the Kelly Memorial Building, home of the Maryland Pharmaceutical Association, and will contain the major portion of the large collection of pharmaceutical artifacts of the late L. Manuel Hendler.

Miss Cole, known as "First Lady of Pharmacy in Maryland," is Professor Emerita of Pharmacy Administration of the University of Maryland School of Pharmacy, the school from which she graduated with the degree of Doctor of Pharmacy in 1913.

The invocation was given by the Rev. W. Edward Neighhoff, Associate Minister of the Hiss Methodist Church and introductions were conducted by the Chairman of the Committee for the Cole Museum and its companion project, the Swain Model Pharmacy, Irving I. Cohen. Mr. Cohen spoke of the inception six years ago of the idea of a pharmacy museum—a focal point for the collection and preservation of the artifacts and memorabilia of pharmacy. He referred to the dispersion and actual loss of such antiques and his concern that this should not happen. From this concern grew the eventual establishment of the Cole Museum. Mr. Cohen made especial mention of the contribution of Morris L. Cooper, Curator of the Cole Museum, who did most of the arranging of the exhibits.

Alexander J. Ogrinz, President of the Maryland Pharmaceutical Association, made a brief statement during which he acknowledged the contribution of those who gave of their time and energies to complete the Cole Museum. Greetings were given by Dr. Albin O. Kuhn, Vice President of the University of Maryland Baltimore Campus; Dr.

Noel E. Foss, Dean of the School of Pharmacy and Dr. Linwood F. Tice, President of the American Pharmaceutical Association and Dean of the Philadelphia College of Pharmacy and Science.

Mr. Cohen then introduced the Executive Secretary of the Maryland Pharmaceutical Association and Secretary of the Baltimore Metropolitan Pharmaceutical Association, Mr. Nathan I. Gruz, under whose surveillance the whole project had proceeded. Mr. Gruz summarized the evolution of the Cole Museum and his special pleasure at its being named for "one of the outstanding personalities in the world of pharmacy." He noted that "Miss Cole occupies a unique niche, not only in Maryland pharmaceutical history, but in American pharmacy." He also acknowledged the many contributions of individuals, particularly by the leadership of Irving I. Cohen, to the project and expressed the appreciation of everyone involved. Mr. Cohen's persistent efforts resulted in the establishment of the museum.

Mr. Gruz then introduced the main speaker of the day, Dr. John C. Krantz, Jr., who delivered the address of tribute to Miss Cole. It was pointed out that Dr. Krantz was Miss Cole's own "first and only choice" in the matter. Dr. Krantz's remarks are produced in full in this issue of *The Maryland Pharmacist*.

Prior to a tour of the Cole Pharmacy Museum and refreshments, Miss Cole took the rostrum to respond to the occasion.

Many letters and telegrams were read from people in other parts of the country who were unable to be present at the dedication but who wished to express their delight and deference to Miss Cole on the occasion of this honor.

DR. B. OLIVE COLE A Pharmacist with a Dedicated Heart

The following are the remarks of Dr. John C. Krantz, Jr., Professor Emeritus of Pharmacology, University of Maryland School of Medicine, on the occasion of the dedication of the Cole Pharmacy Museum, on May 19, 1966.

One of the biographers of Andrew Jackson asserted, if he had been let down from above in a city in which a great conflagration was in progress, his qualities of leadership were so outstanding, that he would have been made chief of the fire department before he reached the ground. This same quality of leadership was manifested in Dr. B. Olive Cole, when Dr. E. F. Kelly called her to be the secretary of the faculty of pharmacy in 1920.

My first acquaintance with Dr. Cole was in this period of her life. We went to the polls together to vote, each for the first time. Dr. Cole because the franchise had just been granted to women and the speaker because he had just attained the voting age. Through the next half decade my associations with Dr. Cole were daily and close. She was the stabilizing influence of the small faculty. Although she had won the medal for general excellence upon graduation, she took every opportunity to advance her knowledge and pursued courses in physiology and later took the degree of bachelor of laws from the School of Law.

As a teacher in materia medica, associated with the late Dr. C. C. Plitt, Dr. Cole exhibited her skill in conveying knowledge. She possessed that prime characteristic of a good teacher—that is a love for her students. No task was too arduous if it was to help one student acquire a greater knowledge of the subject. But in addition to technical knowledge Dr. Cole realized that only a good man could be a great pharmacist

and by work and example she taught truth, beauty and kindness. These same characteristics were carried over to the instruction given by Dr. Cole in pharmaceutical jurisprudence. With her training in pharmacy and law and her devotion to her students, she made this course a paragon of excellence. She seemed to have caught the spirit of Woodrow Wilson, who in his Swarthmore College address, declared, "That the purpose of a college education was to lift the eyes of the students to horizons that less instructed individuals could never see." There are many within the sound of my voice who are debtors to this lady whom we honor, a teacher with a dedicated heart.

As an administrator, Dr. Cole possessed the admirable qualities of a facile mind, a comprehensive grasp of her responsibilities, coupled with fairness and firmness. She adhered tenaciously to an old Chinese dictum, "To know the best and to do the second best is the beginning of spiritual decay."

Her duties were arduous and entailed great responsibility, but she was endowed with a love for work and a devotion to duty that was never dimmed by the passing of the years. She realized that with any administrator, the English language was the greatest tool in her possession and she learned to use it with precision. I admired always her crystal clear penmanship and her felicity of diction.

Her conduct in matters of arbitration was impeccable. She was always gracious and could disagree with firmness but never with rancor or animosity. In matters that were inconsequential she was pliant and malleable. But when the issue was significant she was inflexible in her stand. And she had the wisdom to distinguish the essential from the trivial. She could steer a true course between the rocks of controversy and the shoals of idle talk. She held with a fidelity that never wavered to the cause of righteousness. She was always "loyal to the royal" that was

within her conscience. Like Thoreau, she could always declare "If I break step with you, it is because I hear the drum beat of a higher drummer." The pharmacy school for a third of a century was the beneficiary of this administrator with a dedicated heart.

As a person, Dr. Cole has made an indelible imprint upon the pharmaceutical circles in Maryland and indeed in the entire nation. She has a sense of humor that has not been dulled by the ever-lengthening past. She enjoys wholesome fun and seems to have caught the spirit of Ella Wheeler Wilcox in her immortal poem, *Solitude*:

"Laugh and the world laughs with you;

Weep and you weep alone.

This dear old earth must borrow its mirth,

But trouble, it has enough of its own."

When Mark Twain was in Paris, he stood at the Place Vendome and viewed with awe the statue of Napoleon. He then declared, "when the history of the Nineteenth Century is written in sufficient retrospect, there are two characters who will stand out in bold relief. Here is Napoleon, he tried to take the world by force and failed; and Helen Keller who takes the world with love and is succeeding."

B. Olive Cole follows in the wake of Helen Keller—with her dedicated heart she knows when to be silent and when to speak. She is never clumsy or maladroit. She does not make harsh judgments. She has eye lids as well as eyes. She always has "a word in season for those who are weary". Her regal appearance and contagious smile transform fear into hope. As Dante said of Beatrice, "In your eyes I see the light eternal."

When the ravages of time and the menace of the years encountered her indomitable spirit, fear knocked on the door of her dedicated heart. Faith opened and lo, no one was there. All hail—greatness with affection—her spirit belongs to the ages.

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Volume 24.

MAY 1966

No. 7

T.A.M.P.A. President's Message



Paramount Photo Service

HERMAN J. BLOOM

As the President of the Travelers Auxiliary of the Maryland Pharmaceutical Association, on its 50th Anniversary Golden Jubilee, I wish to welcome you, and hope you will all come, to what I believe will be the finest Convention in years and befitting the year of our Golden Jubilee.

With the combined efforts of the MPA, LAMPA, and TAMPA we have beamed this convention to the younger people, the fathers and mothers who would like to have their children with them, those who have faithfully come to Conventions year after year, those who prefer the beaches, those who like the mountains, golfing, fishing, swimming, boating and yes, the gourmet connoisseur too.

TAMPA's night will be an unusual night that will not be forgotten. "TAMPA's CARNIVAL" will take you back to the good old days and give the young folks something to remember. The only thing missing will be the

"Mud". This will be an all-out effort by all our combined committees.

I also hope the TAMPA members will come in strong numbers to our meeting on Thursday morning, June 30th at 11 o'clock for our 50th meeting. I assure you that it will be an interesting one as there are quite a number of new things to discuss for the future of TAMPA.

It is with all humility that I say I was proud and honored to be associated, and work side by side this year, with gentlemen like President Al Ogrinz, Vice President Morris Yaffe, and Secretary Nathan Gruz who are, I believe, friends and well-wishers of TAMPA and did all in their power to assist us.

Secondly, but far from least, my thanks to our Secretary-Treasurer, John Crozier, who, with all his trials and tribulations this year has put me in his debt for his kindness, help, and guidance throughout the year. I also appreciate the help and cooperation of my officers and members who deserve medals for service "Beyond the Call of Duty". A list of their names would be too long to record. I must mention one name, Sheeler Read, my sidekick, who was with me all the way through.

I am looking forward with eagerness to what I expect to be the warmest and most successful convention at Tamiment in the Poconos. SEE YOU THERE.

—o—

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By **GEORGE J. BERESKA** Executive Assistant Special Accounts
American Health and Life Insurance Company

As most of you know, the American Health and Life Insurance Company has had the privilege and responsibility since 1953 of underwriting the Group Medical and Income Plans for the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

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May I re-emphasize just one point—this Program was specifically designed for Members of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association. Only pharmacists who are Members of these associations will be eligible to enroll, along with their employees.

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THE SYMBOL OF SERVICE TO PHARMACY

Medicare and Pharmacy

By SIMON SOLOMON

Delivered at the 4th Annual Simon Solomon Pharmacy Economics Seminar December 2, 1965.

Medicare not only concerns the members of the pharmaceutical profession, but practically all of the people in the country.

I shall dwell mainly upon the economic phase and the Freedom of Choice Amendment as it applies to the community pharmacist.

We are all well aware that the medical and pharmaceutical professions were strongly opposed to the Medicare program. I am perhaps one of the few pharmacists who favored Medicare. But I want to be honest and very frank with you and say that I very much fear, and I believe many other persons fear that the program will be enlarged to include the "cradle to grave system". If and when this does occur, I want to offer my deepest sympathy to my many married friends who have children and grandchildren because as a bachelor, I will not be affected very much and I will not have to worry about my children and grandchildren being burdened with the constant increase in taxes for the next few generations.

Whether we like it or not the Medicare Program for providing hospital insurance for the aged is now here to stay. It was inevitable and many authorities feel in its general principles it meets the criteria laid down by the Advisory Council on Social Security, a distinguished bi-partisan group that includes some very hard-headed and well-informed people.

The group points out very wisely that the cost of medical care in the upper age brackets is too heavy for most people to carry out on current income and therefore the only way to finance it is to spread it over the whole

working population; in this way their insurance costs will be paid while workers are still relatively young and well. The Advisory Council notes that health care has become so expensive that "virtually no one", including the relatively well off person at the height of his earning power, can afford to pay the cost of major prolonged illness unless he has effective insurance. The Council, after a year and a half study, has concluded that it is unrealistic to expect private voluntary insurance alone to provide comprehensive protection for the great majority of old or totally disabled people. The Council found that despite years of hard work by private insurance companies, only a little over half of the elderly have any kind of health insurance coverage, and most of what they have is limited.

A recent survey of the nation's aged shows that half have an income of less than \$1300. and that half of all elderly couples' income is below \$2900. Therefore, we must agree that Medicare removes substantially the economic barriers that formerly kept most elderly people from all but minimal medical attention. Now that the program is a reality, it is the duty of all of us, including members of the medical and pharmaceutical professions to make it work, despite some of the sacrifices it might entail.

Economic Effect On The Community Pharmacy

I would like my fellow pharmacists to give some thought to this question. What is going to be the economic effect of the Medicare program upon the future of the community pharmacist? And where is the community pharmacist going to fit into the Medicare picture without the freedom of Choice Amendment. It is very evident that

this amendment presents a very serious economic problem to the community pharmacist.

Perhaps the drug industry finds it difficult to understand why the Javits Amendment calling for a study of ways to include drugs in the out-patient care portions of the Medicare Bill was not accepted. It is understood that the House-Senate Conference Committee felt that a congressional demand for such a study would constitute too great a commitment to the idea of including drugs in this section of the legislation. Many observers have pointed out that the principal reason why drugs are not being included at the present time is not that the coverage of drugs is unnecessary, but because of the absence of the information about costs.

It is said that the committee also felt that since Kerr-Mills programs are operated with state, as well as federal funds, the Freedom of Choice Amendment would place unwarranted restrictions on the operation of these programs by the states. With this the writer does not agree. The opponents of the Amendment were no doubt also concerned that some persons might abuse the privilege of dispensing drugs outside of the hospital by the supplying of medication to whole families through prescriptions to aged recipients.

On the other hand, some observers have suggested that the Amendment was not taken up in order to leave the door open for mandatory dispensing through state hospitals and clinics if, in future years, budgetary problems make such a policy seem desirable.

It might be well to mention also that HEW's Bureau of Family Services plans an intensive study of the various types of drug programs used by the states under Kerr-Mills and related federal-states public assistance programs. One of the things they will consider is the dispensing of drugs through government facilities vs. private pharmacies.

However, we should not become alarmed because at present there is no

specific provision for prescription drugs outside of hospitals and nursing homes, and you can rest assured the basic Medicare program will be amended to provide these for the aged. Our concern is whether or not it will include community pharmacies.

I do not know what steps so far have been taken to meet the situation, but how can we insist upon a Freedom of Choice Amendment so that community pharmacies should be eligible to fill Medicare prescriptions until authorized representatives of our national and state associations meet with proper Health, Education and Welfare officials to discuss a plan which would establish what is a fair rate of remuneration for filling these prescriptions.

Harold Pratt, one of the group which made the trip to England to study the National Health Service program said, "The only warning I picked up on the trip was that when Medicare comes, we had better know what our costs are or we may have to knuckle down to whatever the government hands us".

It is very obvious that if our national and state pharmaceutical leaders hope to succeed in getting such provisions enacted, as well as future legislation which will give patients Freedom of Choice in having their prescriptions filled at community pharmacies, they should immediately review the entire situation and abandon, in some instances, their policy of strong opposition. Instead, our leaders should sit around the conference table and try to reach a compromise satisfactory to all concerned.

Our problem might be vastly different than the one in England where to clarify the picture the Ministry of Health agreed jointly with the negotiating committee representing the chemists (pharmacists) to engage a firm of industrial consultants to carry out an inquiry into the cost of dispensing.

It is interesting to note arising from the inquiry a claim was lodged with

the Ministry of Health which was in two parts:

- 1—The professional fee claim related to labor costs including the nominal salary of the owner pharmacist (independent) plus a profit margin.
- 2—The claim for on cost was related to overheads plus a profit margin.

In other words, the pharmaceutical leaders and government officials of Great Britain got together and agreed upon a program that apparently is satisfactory to all concerned.

Necessity For Talks

If we are to avoid a lot of complications under Medicare, then our pharmaceutical leaders should meet with H.E.W. officials as often as necessary to clarify the picture. Now please do not misunderstand what I am trying to say. I am not advocating that we should accept the program under which they are now operating in Great Britain. It would never work here. While it is true that in this country we operate under the state welfare department program, it is my definite opinion that the cost of filling Medicare prescriptions will eventually have to meet the approval of H.E.W. officials.

Allow me to quote a statement to support such reasoning. Though H.E.W. officials are now vigorously proclaiming their intention of avoiding any appearance of telling the states how to manage their own programs, the federal government eventually has to face up to the issue of establishing a formula for paying for the medications provided to hospitalized patients under the first two layers of the Medicare program.

The law requires the federal government to pay "reasonable charges" to all hospitals for costs incurred in treating hospitalized Medicare patients. Such charges would include reimbursements to hospitals for prescription medication

used for Medicare patients. If this is true with hospitals, then we have every right to assume that if the Freedom of Choice Amendment is finally approved and the community pharmacies become eligible to fill Medicare prescriptions, the government will certainly step in and tell us what represents reasonable charges. If we do not agree with them as to what they consider reasonable charges, then the only way we can fight back is to have facts and figures to prove our point.

If H.E.W. would not consider such a joint program as in Great Britain, then our national organizations should undertake the job alone by employing a consulting firm of national recognition. The results of the survey should be presented to H.E.W. long before the Medicare program becomes effective, since it is likely that compromises will have to be made on both sides before the matter is finally settled. If for any reason, the national associations cannot undertake such a program, then they should encourage the individual state associations to do so, giving them advice, counsel and financial assistance if needed.

We should not forget that approximately 19 million people over 65 will become eligible for Medicare in July 1966, and it is very plain that the inadequate number of hospitals, clinics and nursing homes will not be able to accommodate all of them. The answer is that a large number will have to be treated at home; prescriptions will be given them to fill at some outside agency, the logical place being the community pharmacy. But let us not be deluded into thinking that H.E.W., for practical reasons, has no other alternative than to accept the community pharmacy as one of the sources to fill many of these prescriptions. We should not be expected to fill these prescriptions at whatever price the agency wants to offer, while on the other hand, we must come to reasonable terms with them.

Explanation of Coverage

In view of what I have just said, I know that some of you are wondering whether prescription medication under Medicare applies to patients outside of hospitals and nursing homes. No it does not.

Let us take a look at the medical insurance coverage. There is no question but that a very large majority of those eligible under the program will come under the medical insurance plan, 90% of which is in addition to the hospital insurance plan under Medicare. This means that the medical insurance program will help materially to pay for physicians' and surgeons' services, not only in the hospitals and doctor's office, but also in the home or elsewhere. It will also provide up to one hundred home health visits under an approved plan each year with no need for prior hospitalization. This is in addition to 100 visits provided under the hospital insurance program. As the medical insurance plan pays for doctors' visits for patients with or without prior hospitalization, it means that thousands upon thousands will be treated at home, and many prescriptions will be written for these patients. Because of this, I firmly believe that we can look forward to strong political pressure to be brought to bear to amend the medical insurance plan through legislation, which says that the patient will not have to pay for prescription drugs when treated at home just as he does not have to pay for prescription medication and other drugs in hospitals and nursing homes under Medicare. If this happens, the big question is can these prescriptions be filled at neighborhood pharmacies? Not unless we have a Freedom of Choice Amendment so that the community pharmacy will be eligible as one of the agents to fill these prescriptions.

What Pharmacists Must Do

We might as well face it. The government is not concerned about our over-

head costs. It is my opinion that it will insist that these prescriptions be filled at the lowest possible cost and for that reason it is urgent that we iron out our difficulties before it is too late. To my way of thinking, under no circumstances can the community pharmacy afford to be left out of the picture even though it might mean a reasonable financial sacrifice. If the patient is unable to take the prescription to the community pharmacy to fill under this program, then our professional image and prestige will deteriorate in the mind of the public. They will not understand why the community pharmacist, as part of the public health team, is not permitted to fill these prescriptions.

Benefits to Pharmacists

Still we must admit that community pharmacies all over the country are sure to benefit from this vast new program of health care for the aged as the program unfolds in the months and years ahead. Even without the Freedom of Choice Amendment, community pharmacies will benefit indirectly because of Medicare. Many small hospitals and nursing homes will be brought into existence and it is most likely they will not maintain their own pharmacies, but depend, as they do today, upon the community pharmacies to fill prescriptions written for their patients. It might be well to mention that reimbursement to community pharmacies supplying drugs to nursing homes for Medicare patients will be based on "reasonable costs" of the drugs themselves, plus a markup or fee. While no effort will be made to control such markup or fees, it was pointed out, however, that if these are excessive, the government may step in.

The Medicare law provides for major changes in the Kerr-Mills program operated in many states and the federal government helps the states to pay for medical expenses of the aged and disabled, etc. With an additional three hundred million dollars or perhaps more of federal funds available for

such purposes, these changes are bound to increase the number of prescriptions filled by community pharmacies for welfare patients.

According to AMERICAN DRUG-GIST, welfare prescriptions totaled 41,256,997 in 1964 representing an expenditure of \$142,661,300. From this, it is very easy to visualize the magnitude of the programs of Medicare and Kerr-Mills.

Fellow pharmacists, we have many serious problems facing us in the future, and it will not be easy to overcome the many obstacles in our path. The results achieved will depend entirely upon the efforts put forth by our national and state pharmaceutical leaders with the assistance of the rank and file members. It means a lot of hard work but we cannot fail if we work together.

Perhaps the "VOICE OF THE PHARMACIST" gave us the answer when it said in its publication:

"Can pharmacy now mobilize to develop a long range plan to fulfill the needs of the public as well as continue the role of the profession in providing pharmaceutical service through the community pharmacy?"

I am sure that some of you will disagree with my reasoning on the Medicare program and that is as it should be. But remember that I am only a retail pharmacist and not an expert on the subject. I am only trying to give an individual opinion.

No doubt the A.Ph.A. and the NARD have been making an effort to correct the situation, but I feel we can only succeed in reaching our goal if the national association leaders meet with representatives of state pharmaceutical associations and map out a program in which there will be a determined effort of having delegations for each state meet with their senators and congressmen.

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The Economics Of Professionalism

Address by

JOHN T. FAY, JR., Director,

Division of Pharmaceutical Services, American Pharmaceutical Association,

Fourth Annual Simon Solomon Pharmacy Economics Seminar, December 2, 1965

The most effective measure of a sound economic system is value received and not price. Price has its place, yes. Aggressive merchandising has its place. More important to me, however, is the value of superlative pharmaceutical service. The American Pharmaceutical Association believes that an exacting reappraisal of the state of our profession is in order. There are some who will argue that pharmacy is not a profession but a business. We reject this notion flatly. Pharmacy is now and always was a professional activity. This does not mean that economic principles and sound management are unimportant in the conduct of a profession. They are most important. Any professional practice—medicine, dentistry or pharmacy—is sure to fail without careful management.

This afternoon I want to describe two relatively new activities of the APhA and its Academy of General Practice. These are the Pharmaceutical Center program and the expanding opportunities now offered by pharmaceutical service to nursing homes. You have read much about both of these topics. Since last April when the Pharmaceutical Center was introduced at the APhA annual meeting the idea has been the topic of conversation and argument whenever pharmacists get together. Pharmaceutical service to nursing homes is reaching that point now. There is new activity. New activity that results from an increasing interest of community pharmacists in their professional obligations. But we should remember that much hard work has preceded this new interest and activity. The work of thousands of conscientious pharmacists during the past 113 years since the organization of the American Pharmaceutical Association. In 1852, 20

pharmacists met in Philadelphia and began a chain of events that led to the establishment of all of the organizations that now serve practitioners of pharmacy. What these 20 men started now directly involves 42,000 representatives of the profession and many thousands more who benefit from the work of the 42,000, often without even knowing it.

Apparently there are still many practitioners in pharmacy who are so involved with their own problems that they neglect the larger problem of professional advancement. Although it seems difficult to believe, there are pharmacists who are confused about the APhA and its programs. Consider these basic facts about your national professional organization. The American Pharmaceutical Association is the only organization that represents all specialty interests in the profession. The Association operates from an impressive headquarters building in Washington with a staff of some 50 specialists and an annual budget of one million dollars. Article II of the APhA Constitution lists 7 "objects" that collectively form a basis for the Association's existence. The first and most important of these begins with the phrase "To improve and promote the public health . . ." most of you know the others. These objects create a forum for the exchange of information among responsible professionals in a continuing effort to provide the best pharmaceutical service.

But an Association is not a staff, not a building, not a million dollar budget and not a list of purposes. An Association is people. At this moment the APhA is 42,000 people. This includes some 12,000 students and associate members. Active voting members with full privileges, then, number 30,000. Of these, approximately 25,000 are phar-

macists in community practice. The rest of the membership practices their profession in hospitals, educational institutions, industrial plants and laboratories and in many other places. This accurately reflects the diversity of specialty interest and the dominant importance of the community pharmacist.

The community pharmacists who support their national professional society have established a new structural unit within the Association — the APhA Academy of General Practice. This is a new activity but it does have a long history. The formation of sections within the Association was the result of a suggestion by Joseph P. Remington in 1887. Since that time a variety of names has been used to describe that section of the Association which would accommodate the special needs and interests of the community pharmacists. In 1961, two APhA sections were merged to form the Section of General Practice. And in April of this year the Academy of General Practice was established by a vote of the Association House of Delegates. The major objective of this Academy is to provide special opportunities for community pharmacists to share their experiences at the APhA annual meeting and at regular meetings in each of five geographical regions. I have several copies of the complete Academy By Laws for any of you that are interested in the specifics.

Maryland has a Pharmaceutical Center right here in Baltimore. This is the practice of Victor Morgenroth and Joseph Dorsch, as you know. But the idea began in a small town in the Shenandoah Valley of Virginia. Eugene V. White set out to eliminate all evidence of merchandising from his pharmacy and to provide complete professional service in an outstanding environment. This he has done with great success. And more important, he has encouraged others to follow his lead. Nine months ago Gene White, Victor Morgenroth, Joseph Dorsch and other pharmacists who have adopted this method of practice joined with the American Phar-

maceutical Association and McKesson & Robbins to introduce the first model of the Pharmaceutical Center. To date one other wholesale firm, the Bergen Drug Company of New Jersey, is offering Pharmaceutical Centers and three other wholesalers are now preparing plans.

The forces of economic change and pressure which influenced Mr. White's decision should be considered. Yes, he had a traditional drug store and it was disappointing. It took ten years of worrying, hard thinking and planning for him to achieve his objective. During these years a broad assortment of dramatic changes were occurring. You know better than I that there has been a clear trend to "bigness." Witness the recent growth of chain operations. Some 130 large drug chains (10 or more units) now have more than 5000 outlets. **Chain Store Age** claims a sales increase of 8% for chains last year against a 2% increase for independents. And the big get bigger. New units with as much as 35,000 square feet of floor space are not uncommon now. Of course, much of the increased sales volume in chains is due to newly diversified lines of hard and soft goods — a bizarre collection ranging from fertilizer to pre-packaged tropical fish.

All of this has not gone unnoticed by organizations like Sears, Montgomery Ward and J. C. Penney. Look at the activity in the supermarkets. An estimated 300 markets now have pharmacies in or adjoining their installations. The giant of them all, the Atlantic and Pacific Tea Company, is interested too. From a very modest start in 1956 the Marrud Organization has grown to more than 200 leased discount drug units in 30 states and Puerto Rico. Commenting on all of this, E. B. Weiss has predicted that within ten years 90% of the "drug business volume" will be divided between corporate chains and new types of independent cooperatives. Commercialism is flourishing and competition grows keener every day.

Some think that an independent pharmacist can compete effectively in

today's business climate by shifting around piles of merchandise near the cash register or by broadening his lines. We think not. Our argument is a simple one. Pharmacists can prosper by practicing pharmacy. This is a demonstrable fact. It remains for us to demonstrate it clearly to more members of the profession.

There are compelling professional reasons as well as those of an economic nature that shape our viewpoint. Even barely adequate pharmaceutical service requires more time today — time to study, to attend seminars and other educational programs — time to be **informed**. It follows logically that superlative pharmaceutical service is a function of invested time also. The Pharmacist who practices as a health professional, not a merchant, has this time.

What are the essential characteristics of a Pharmaceutical Center? What are the elements that collectively form this unique type of practice? The most obvious characteristic is readily apparent. There is no merchandise on display. None. Not one toothbrush or bottle of vitamins, and certainly not a beach ball, rake handle or hair dryer. The effect, on first exposure, is startling, even dramatic. Paneled walls, carpeting, comfortable furnishing in the waiting area, cheerful lighting and tasteful decor — these things reduce the effect of austerity and contribute to an atmosphere of quiet dignity. The result is a completely professional environment.

The environment is important. But more important is the man in this environment. For too long we have been emphasizing the pharmacy, the place of purchase and not the pharmacist who practices there. In some merchandising drug stores the pharmacist has achieved total anonymity. It would take several hours to work your way through a maze of garishly dressed gondolas just to find him. In a Pharmaceutical Center the patient-pharmacist relationship is direct and firmly established. This relationship depends upon personal, inter-

ested service and such adjuncts as the family record system — a readily available, up-to-date record of the family's pharmaceutical "history." With the incidence of adverse reactions increasing and today's specific and potent drugs, a pharmaceutical history can be equally as important as a medical history. The family health information center — authentic literature for free distribution — contributes to the patient-pharmacist relationship also.

Other essential features include a well-stocked professional library and extensive reference files; a modified approach to advertising, if any is used, emphasizing services; and the professional fee system as the basis for remuneration. A more sensible relationship develops between the pharmacist and the physicians and other health professionals that he serves — a relationship based not upon dependence but upon mutual respect and confidence.

There are other characteristics of importance. To preserve and protect the integrity of this type of practice, ownership must be limited exclusively to individual pharmacists or pharmacists associated in group practice. The reasons for this restriction are patently obvious. It is the key to the maintenance of the vitally necessary, personalized pharmacist-patient relationship. And to be truly effective, this must stand alone as a separate entity. It would be ludicrous to expect that such a practice could be justifiably located in one cleared corner of an overstuffed department store.

We began this year with a base of some twenty of these pharmacies then in existence. These practices had been established independently during the preceding four or five years. We are pleased today to answer critics of this program by explaining that we know of 12 new Pharmaceutical Centers that have been installed by McKesson and other suppliers and are now providing service. More important, we know of another 30 pharmacists who have decided to concentrate on professional

practice. These 30 will establish their Pharmaceutical Centers during the next few months. Interest in the idea is obviously accelerating.

Those of you who use the **Lilly Digest** financial analysis service noted an interesting change in the 1964 Report. For the first time the **Digest** presented a special summary of "prescription oriented pharmacies."

The summary included all pharmacies with less than 1200 square feet of floor space whose prescription income exceeded 50 percent of the total sales volume. If you have not seen this summary I recommend it to you. The conclusion reached is an obvious one. As prescription income percentage increased, so did both gross margin and total expenses. But the latter increased at a slower rate. Consequently the net profit was higher and the proprietor's total income greater. Extend this reasoning to the Pharmaceutical Center. The economic picture is brighter still.

These comments by H. P. Rhodes make the point. Mr. Rhodes was one of the first to be influenced by Gene White's decision. He had a traditional drug store in Winchester, Virginia not far from Berryville where White practices. After he converted to a Pharmaceutical Center he had this to say "First I eliminated four soda fountain girls and one front sales person. Right from the start that cut \$10,000 from my overhead. Then my inventory was reduced by \$9000 the first year. Even with the elimination of most front merchandise, the fountain and luncheonette, my sales were nearly equal to the previous year and my net was more. This past year our prescription volume has increased 300% with the same overhead. Now our net profit is up 16.5% on the same volume."

Each month in the APhA Journal we have been featuring a description of a new Pharmaceutical Center. This is worth your reading time. It is worth your careful consideration. And it could be of material worth to you also. Ob-

viously not everyone will succeed overnight if a conversion to a professional practice is made. But it can be done. This is an important point. We have the proof now and we are collecting evidence every week. Convincing pharmacists that they can make the change, however, is no simple task. The task is more difficult because there are those who continue to insist that pharmacists must be merchants. Not long ago I attended a national meeting that provided a platform for several speakers interested in merchandising. One of these, a sundry supplier, attempted to make the point that only 14,500 stores could exist on prescriptions alone. This is nonsense. Another speaker on that same program, a cosmetic supplier described pharmacy by saying that "service is a by-product of this **business**." He is wrong. Service is no by-product of the profession of pharmacy. It is the main and most important product. If we continue to emphasize the merchandise and not the man we have only ourselves to blame for increasingly competitive conditions.

Now consider the logical extensions of pharmaceutical service beyond the pharmacy. One of these that needs your attention is service to the nursing home. Estimates of the number of nursing homes now in existence vary considerably. A reasonable guess is that there are approximately 23,000 homes that provide some degree of care. As you know, the new Medical Care for the Aged legislation will markedly effect nursing homes. The law will define "extended care facilities" that will be eligible for Federal money. Although the specific requirements of an extended care facility have not been published as yet it has been estimated that only 3,000 of the presently existing homes will qualify. Nursing home administrators need advice about many things. They need the kind of advice that you can provide. Pharmaceutical Service in nursing homes is important now and it will become more important. You have a professional obligation to offer your

service and work with nursing home administrators in your community.

The American Pharmaceutical Association, The American Society of Hospital Pharmacists and the American Nursing Home Association published this booklet several years ago. Victor Morgenroth was one of the men who contributed his time to its preparation. If you have not read it I urge you to do so. The APhA Academy of General Practice is now working on a program that includes a revision and updating of this booklet. We plan to include more "how to do it" information.

The first annual meeting of the Academy will be held in Dallas, Texas during the week of April 25, 1966. On April 25 the Academy will present a workshop for community pharmacists that will explain new opportunities for pharmaceutical service in nursing homes. One feature of this program is a film strip and accompanying tape recording that is now in preparation. Workshop discussion leaders will describe accurate and expert information on the subject. Part of this effort is the collection of recent experience data from community pharmacists who now serve nursing homes. 72 pharmacists in 31 states are cooperating with us in this survey. These forms were mailed to them a few weeks ago and the results are coming in now. Here is the type of information that this form is designed to collect.

One of the most dramatic features of this Academy program will be the introduction of a new model of the Pharmaceutical Center. This 1966 version of the Center has been designed to include several options for improved pharmaceutical service. One of these optional arrangements is a special laboratory area for pharmacists who will serve nursing homes and extended care facilities. Most of the pharmacists who visited the 1965 Pharmaceutical Center exhibit in Detroit said "You will never top this." We think we have. And we invite you to come to Dallas next April to decide for yourselves.

APhA Executive Director Apple had this to say at the recent ACA meeting in Florida about pharmaceutical service to nursing homes, "Selling a bottle of a thousand phenobarbital tablets, delivery and credit included, is not our idea of providing service. Our recommendations to the U.S. Public Health Service provided for 7 basic standards in which 46 factors were assessed. Community pharmacists must take the initiative in establishing professional relationships with hospitals, extended care facilities and nursing homes. Your acceptance will be directly related to the professional know-how you have to offer. APhA will help, but you will have to invest time and effort to qualify."

The Pharmaceutical Center is a reality, consider its place in professional service. The opportunity of complete pharmaceutical service to nursing homes is about to be realized. Consider this carefully, too. Naturally, there are those who would try to discourage your interest. Some people are suspicious of all new activity. Avoid the pessimist. Richard Evans has said "Don't let life discourage you; everyone who got where he is had to begin where he was."

—O—

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Nathan I. Gruz, Editor
Maryland Pharmacist
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Lederle Laboratories Tour

By HERMAN M. KLING

A group of pharmacists and their wives visited Lederle Laboratories, at Pearl River, New York, on May 10, 1966. The Lederle complex consisted of 532 acres and 150 buildings housing about 7000 employees, all busily engaged in producing medicinals for the benefit both of man and animals.

In one of the many conference and lecture rooms an educational film was shown the group to orient them to the complexity of Lederle's operations. The amazed audience was given an accompanying talk by Lederle experts.

The group was split up into smaller units and each unit was assigned a hostess who escorted the group through the maze of buildings and facilities. Various buildings contained production lines, fermentation tanks, control laboratories and offices. Some buildings contained all sorts of test animals.

The animal building was especially interesting. Rows of live rabbits with electronic controls attached to them recorded temperatures. There were all kinds of charts, graphs and machines intelligible only to a trained worker. The experimental animals, such as mice, rabbits and guinea pigs, were housed in surgically clean surroundings and were given the best of care. There was presented to the visitors a dramatic demonstration of the effects of tetanus, diphtheria and botulism inoculations.

The group reassembled in a lecture room and were given an interesting lecture on steroids and hormones. Lederle's organic chemist gave a blackboard demonstration of the magic of modern chemistry. A few changes here and a few changes there on organic chemical formulas produce miracle drugs.

After lunch the guests were brought back to the laboratories and shown the

meticulous care used in testing medicinals. Every piece of complex machinery impressed the gathering as they observed capsules being filled and bottles filled and labeled. One ingenious machine filled capsules with dry powders. White-gloved inspectors were everywhere checking on the machines' productions. Each special plant visited had illuminated and animated diagrams giving an interesting account of the production of pharmaceuticals produced in the building.

After the tours of the buildings were made, and there were so many and so far apart that buses were used, the group gathered in a lecture room. There a panel of three experts, consisting of Mr. Ruffing, Guest Relations Moderator; Dr. Leeson of Product Development; and Dr. Butessky of Pharmaceutical Process Improvement, answered the visitors' questions. Communication was established with other departments to obtain information when necessary. Every effort was made to enlighten the pharmacists present.

The visitors learned that it takes a team of experts using great skills to produce today's modern pharmaceuticals and that first quality medicinals are costly. It was demonstrated that "all that glitters is not gold", and it was seen that for every success there are many failures, but research is a must and the everlasting search goes on for better and better medicines.

Ethical manufacturers are extremely jealous of their good names and reputations and always seek the goodwill of the public, the pharmaceutical and medical professions. There is a difference in drugs of the same chemical structure. The difference is unseen, built-in quality, and this costs a few cents more. If you could see the great care taken in producing these quality

pharmaceuticals, you would readily appreciate what a good name means.

Lederle Laboratories proved to the group from Maryland that the American system of free enterprise has produced for the United States and the whole world the best medicinals for man and animal.

—○—

Maryland Association of Hospital Pharmacists

The monthly meeting of the Maryland Association of Hospital Pharmacists was held on May 12, 1966, at St. Joseph's Hospital, Towson, Maryland. The meeting consisted of a sit-down dinner at 7 P.M., followed by the business meeting. Dr. Peter Lamy, Assistant Professor of Pharmacy at the University of Maryland School of Pharmacy was the featured speaker, discussing "Particle Size".

Sponsoring the evening's activities was Muth Brothers, wholesale druggists of Baltimore. This was the last regular meeting of the Association until September.

A trip to Pfizer's facilities in Groton, Connecticut, May 15-17, has been arranged.

Sydney L. Burgee, Jr., is president.

—○—

Baltimore Veteran Druggists Association

The May luncheon meeting of the Baltimore Veteran Druggists' Association took place May 18 at the Baltimore Union on Lombard Street.

Birthdays celebrated were those of fraters Caplan, Kronthal, Diener and Slama. Four special awards were presented to those celebrating 75th birthdays.

President of the Association is Robert O. Wooten.

—○—

Noxzema Chemical Name Now Noxell Corporation

The stockholders of Noxzema Chemical Company voted to change the corporate name to "NOXELL Corporation". The change was made at a special meeting held at the Baltimore offices Tuesday, May 24th. The new name will be implemented generally as quickly as is practical.

G. Lloyd Bunting, Chairman of the Board, and N. A. Witt, President, indicated the change would be beneficial to the long range plans of the company. Because "Noxzema Skin Cream" and "Noxzema Shave Products" have been advertised so aggressively for many years the name "Noxzema" has become a household word. The very strength of the word with the consuming public, and its dominant medicated connotation, have developed restrictive factors in corporate new product development. Much research has been involved and the wisdom of the move will undoubtedly prove itself, particularly in conjunction with aggressive plans to market other than medicated products.

It was emphasized that management has no idea of dropping the name "Noxzema" except as a corporate title. The famous name of "Noxzema Skin Cream" will remain the same as it has been on all packages and dress materials, and shall be advertised as such. The complete line of Shave Products, which include Noxzema Instant Lather, Regular and Menthol, and Noxzema Medicated Brushless and Lather Shave will all continue to carry the name "Noxzema". With regard to the cosmetic division of the Company, Cover Girl Pressed Powder, Cover Girl Liquid and Tube Make-Ups, and Cover Girl Lipsticks will all continue to be identified as "Cover Girl" products, as they have in the past.

—○—

Baltimore Metropolitan Pharmaceutical Association

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PRESIDENT'S MESSAGE

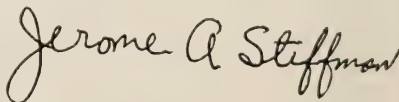
Every practicing pharmacist should feel that the destiny of pharmacy rests upon his own shoulders.

He spends thousands of dollars and years of study and training to learn the skills of his profession and attain registration. Only then can he spend tens of thousands of dollars to open a pharmacy in which to practice. After this tremendous investment in time and money, why does he stand idly by and let a few people direct his profession and his investment? Every pharmacist owes it to himself to take some active part in his local organization.

I am not trying to sell membership. I am trying to sell *Active* membership. I would like to see men who have been members for many years begin now to take part in the actual running of the organization. There are many approaches to the problems confronting us. Your approach may be the correct solution. Why not share it with us? Working on a committee, like virtue, is its own reward. You have the satisfaction of a job done to your specifications and a better profession and a better business.

Join the B.M.P.A. workers now!! We need each other.

Sincerely,



President

Baltimore Metropolitan Pharmaceutical Association News

William E. Woods, Associate Washington Counsel of the National Association of Retail Druggists, was the featured speaker of the meeting of the BMPA on May 26, 1966. Speaking on the subject of "The Future of Pharmacy Under Medicare", Mr. Woods presented detailed information on the various aspects of the Social Security Amendments of 1965.

Mr. Woods emphasized the great impact Title 19 will have for community pharmacists. The complete text of his presentation will be printed in a future issue of *The Maryland Pharmacist*.

Members of the B.M.P.A. have been furnished copies of the Baltimore Metropolitan Apartment Guide for free distribution to their patrons. Publicity is directing the public to neighborhood pharmacies for free copies.

A full page message on the back cover states "YOUR PHARMACIST WORKS FOR BETTER COMMUNITY HEALTH". "For your health and beauty needs: Visit your community Pharmacist—Member of BMPA—Your Neighborhood Pharmacist May Save Your Life—Ready to serve you 7 days a week".

All members are requested to display and distribute the guide. The project was arranged by the BMPA Public Information Committee, Anthony G. Padussis, Chairman.

Pharmacists in Baltimore may soon be installing BUZZ - YOUR - BROTHER alarm units to speed the capture of criminals who prey on pharmacies.

The device was recently demonstrated for officers and members of the Baltimore Metropolitan Pharmaceutical Association by a trade relations representative from Menley & James Laboratories, who was invited to make the presentation at a meeting on April 7th.

MenJ created the BUZZ - YOUR - BROTHER concept of mutual defense and alarm system as a service to pharmacy. The company will not receive one penny of income or profit from the system.

All rights and responsibilities associated with the manufacture and sale of BUZZ-YOUR-BROTHER have been turned over to the Pinkerton Electro-Security Company, a division of the famous Pinkerton's, Inc. Pinkerton developed the system in cooperation with MenJ.

Because of MenJ's role in creating BUZZ-YOUR-BROTHER and introducing it to pharmacy, Pinkerton is offering the system to pharmacists at a special price for a limited time.

Pinkerton has also agreed to place a percentage of all sales into a special fund which will provide rewards and citations to policemen who capture persons involved in pharmacy crimes.

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Alumni Association University of Maryland School of Pharmacy

The Annual Meeting and election of officers of the Alumni Association of the University of Maryland School of Pharmacy was held at the Baltimore Union Building of the University of Maryland on May 12th. Harold P. Levin, President, presided.

The officers delivered reports of their activities and summaries of reports of the committee chairmen were presented by 1st Vice President Aaron M. Libowitz.

The roster of deceased alumni for the past year was read by Frank Balassone.

Store Changes

The following are pharmacy changes which occurred during the month of April:

New

E. J. Korvette, Eugene Ferkauf, Pres.,
5407 Baltimore National Pike, Baltimore, Maryland 21229.

White Cross Stores, Inc., D. M. Robinson, Pres., 215 Lexington St., Baltimore, Maryland 21201.

Change of Address, Ownership, Etc.

B. T. Smith Company, Inc., 1122 N. Charles Street, Baltimore, Maryland 21201. Formerly located at 1125. N Charles Street.

Read Drug & Chemical Company, 7649 Harford Road, Baltimore, Maryland 21234. Formerly located at 8007 Harford Road.

No Longer Operating As A Pharmacy

Pertnoy's Pharmacy, Edwin Pertnoy, Prop., 4817 Pimlico Road, Baltimore, Maryland 21215.

Elected for 1966-67 were:

Officers

Honorary President—Mrs. Andrew G. DuMez

President—Aaron M. Libowitz

1st Vice President—Dr. Casimir T. Ichniowski

2nd Vice President—Nathan I. Gruz

Secretary—Dr. Frank J. Slama

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CONTEMPORARY GREETING CARDS

Allegany-Garrett Counties Pharmaceutical Association

"DOCTORS NIGHT"

May 25, 1966

The Allegany-Garrett Counties Pharmaceutical Association was the host for a dinner meeting with the Allegany County Medical Association. This meeting was held at the Ali Ghan Shrine Country Club, May 25th. There were fifty-eight members of the health professions for dinner and more arrived later for the main speaker. This provided an excellent representation of pharmacists and physicians.

Alexander J. Ogrinz, Jr. of Baltimore, President of the Maryland Pharmaceutical Association was our guest, representing the Maryland Pharmaceutical Association. He spoke of the activities and progress being made in the health professions. He also emphasized what still must be done to keep our standards high.

The main speaker for the evening was Walter Statham, Assistant Regional Representative, Health Insurance Division, Social Security Administration, Charlottesville Office. He presented the cold hard facts of Medicare to a very interested audience and was well prepared because of his experience in the development of the mechanics of Medicare.

Although the facts were quite informative, they were not complete enough for the many physicians in attendance. Mr. Statham was questioned at great length from every corner of the now full meeting room. Many of the questions were in regard to the part played by Blue Cross and Blue Shield in handling the middleman role between the physicians and the Health Insurance Department of Social Security. This question was answered with the reply that it would be much the same as

Blue Cross and Blue Shield handles the cases now. However, there was some questions whether the government agency would allow an intermediary the freedom it enjoys with their regular program of medical insurance. As there was no way of finding an answer to this question, the feeling of those present was that the profession could do nothing but wait and see.

Mr. Statham answered each question as tactfully and intelligently as the provisions of Medicare could be presented. After over an hour of strong questioning this last question was asked. How much training have you had speaking and answering questions about Medicare? His answer was simply stated, "Not nearly enough."

RICHARD L. PFROGNER,
Secretary-Treasurer

—O—

Penna Named APhA Division Director

Richard P. Penna, 30, of Redwood City, California, has been named Director of the A.Ph.A. Division of Pharmaceutical Services. He will assume his new post on July 1.

Dr. Penna is presently serving as Assistant Clinical Professor of Pharmacy at the University of California School of Pharmacy at the San Francisco Medical Center, and is a community practitioner in Redwood City. Dr. Penna received this appointment in 1961, which calls for a community practitioner to teach dispensing pharmacy courses on a half-time schedule.

—O—

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Eastern Shore Pharmaceutical Society

The Eastern Shore Pharmaceutical Society met at the Beach Plaza Hotel in Ocean City on Sunday, May 22nd with I. Earl Kerpelman presiding.

The guest speaker was Dr. John G. Adams, Director of the Office of Scientific Activities, Pharmaceutical Manufacturers Association.

Alexander J. Ogrinz, Jr., President of the Maryland Pharmaceutical Association brought a message from the state society. Others in attendance were Frank Balassone, Secretary of the Maryland Board of Pharmacy and Herman Bloom, President of the Travelers Auxiliary of the Maryland Pharmaceutical Association (TAMPA).

President Kerpelman announced the following appointments:

Honorary member of the Executive Committee, George M. Schmidt, Past President M.P.A.

To represent the nine counties of the Eastern Shore on the Executive Committee of the Eastern Shore Pharmaceutical Society: Caroline, James W. Truitt, Jr.; Cecil, Anthony J. Sniadowski; Dorchester, C. L. Gould; Kent, Vito Tinelli, Jr.; Queen Annes, Charles G. Dunn; Somerset, Clyde G. Johnson; Talbot, Joseph L. Combs, Jr.; Wicomico, Philip Lindeman; and Worcester, Robert V. Cherricks.

To represent the associate members—Wilmer Parker.

Committee Chairmen are: Membership, Wilmer Parker, Co-Chairman, Randy Brown; Public Relations, Philip Lindeman; Legislative, W. Bowen Jones; By-Laws, Clyde G. Johnson; Nominating, Elmer W. Sterling; Sick, Wilmer Parker and Randy Brown.

James W. Truitt was appointed to the Maryland Pharmaceutical Association Executive Committee to replace Thomas M. Payne who resigned.

Drug Officials Elect Balassone

Francis S. Balassone, Chief, Division of Drug Control, Maryland State Department of Health and Secretary of the Maryland Board of Pharmacy was elected President of the Central Atlantic Association of Food and Drug Officials at its May meeting.

The association is composed of representatives of Pennsylvania, Maryland, Connecticut, New York, New Jersey, Delaware, West Virginia, Virginia and the District of Columbia.

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Pumpian Appointed To FDA

Paul A. Pumpian, Secretary - Treasurer of the Wisconsin State Board of Pharmacy, Milwaukee, has received the first confirmed appointment to a top position in FDA's new Bureau of Drug Abuse Control (BDAC). Mr. Pumpian will be Deputy Director of the Division of Case Assistance, one of three divisions in the Bureau.

During his 7 years with the Wisconsin Board, Mr. Pumpian was responsible for the enforcement of the Wisconsin Narcotics, Dangerous Drug, and Poison Laws, and for the administration of Wisconsin pharmacy licensing laws.

After he obtained a B.S. in general biological sciences in 1948 at the University of Maryland, Mr. Pumpian earned a B.S. from the University's School of Pharmacy in 1950, and an LL.B. from its School of Law in 1953.

Mr. Pumpian was admitted to the bar in Maryland and Wisconsin. He was a patent attorney for E. R. Squibb and Sons, New Brunswick, N.J., for 2 years before joining the Wisconsin State Board of Pharmacy. He is also a member of the Committee on Drug Law of the American Bar Association.

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—O—

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Obituaries

John L. Asbill

John L. Asbill, 76, proprietor of the Asbill Pharmacy, Inc., in Towson, Maryland since 1932, died May 11 at Union Memorial Hospital.

Mr. Asbill, who was born in South Carolina, was a 1915 graduate of the University of Maryland, School of Pharmacy. He was a member of the MPA and BMPA, N.A.R.D., the Baltimore Veterans Druggist Association (which had presented him with a silver bowl for 50 years practice of pharmacy) and the Mt. Moriah Lodge No. 116, A.F.P.A.M. He attended the Towson Methodist Church.

Survivors include two brothers, William A. of Electra, Texas and Henry G., of Bishopville, S.C.

Harold H. Goldin

Harold H. Goldin, Washington, D.C. pharmacist died May 14 in George Washington University Hospital at the age of 60.

He was a 1926 graduate of the University of Maryland School of Pharmacy. A native of D.C., Mr. Goldin is survived by his wife, Belle; son, Dr. Sylvan and daughter, Mrs. Evelyn Rappel of New York. There are also one brother and three sisters and three grandchildren.

Harry F. Blatt

A longtime member of the Maryland Pharmaceutical Association, Harry F. Blatt, died May 18th at Sinai Hospital. He was 68.

Mr. Blatt had practiced pharmacy in the Essex area for more than 35 years. A registered pharmacist since 1917, he established the Essex Drug Store on Eastern Avenue.

Harry Blatt, who also was a member of Cassia Lodge, Masonic Order, lived at 5817 Park Heights Avenue and is survived by his widow; a son, Thomas, a pharmacist; a daughter, Mrs. Helen Surosky; a brother, Dr. David Blatt of Miami, Florida and seven grandchildren.

Philip J. Muth, Sr.

Philip J. Muth, Sr., a senior partner of Muth Brothers & Company, wholesale druggists, died on May 28, 1966.

Mr. Muth had been associated with his family's business since 1930 and became a senior partner in 1952.

He was a member of the National Wholesale Drug Association.

He is survived by four sons, Philip J., Jr., Charles Pierre, John E. and Thomas K. Muth; two daughters, Mrs. Marcelline Grafton and Miss Frances E. Muth; his mother, Mrs. Charles P. Muth; a sister, Mrs. Hugh A. Meade, Sr.; a brother, Thomas F. Muth, and eleven grandchildren, all of Baltimore.

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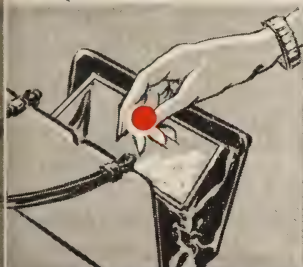
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Goals and Responsibilities

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IDENTIFYING OUR CUSTOMER—THE PHARMACIST

The Pharmacist and His Wholesaler Have a Mutual Responsibility
and Interdependency

James E. Allen

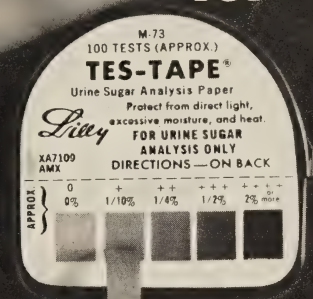
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLI

JUNE 1966

No. 9

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PATRONIZE OUR ADVERTISERS

Editorial

Medicare and Pharmacy

Goals and Responsibilities

We all must recognize by now that governmental health care programs will assume a greater and greater role in the total health programs of the nation. Today, for many pharmacists, state medical care programs patients already constitute a significant or even major proportion of their pharmacies' clientele.

The profession of pharmacy in Maryland, as represented by the Maryland Pharmaceutical Association, is committed to the position that all medical care patients should have free choice of pharmacist. So far we have had the cooperation of the officials concerned in implementing such a policy.

In the meantime all pharmacists must establish and carry out policies in their prescription practices that demonstrate the contribution of community pharmacies to public health and welfare. Personalized service to public beneficiaries indicate such a concern.

Officials and administrative personnel processing medical care prescriptions quickly determine which pharmacists are cooperative and carry out both the spirit and letter of medical care regulations. Fortunately the majority of pharmacists are in this category.

The pharmacist when called upon to exercise professional judgment in dispensing drugs where the brand or manufacturer's name is not specified must be guided primarily by pharmaceutical and therapeutic considerations. He can expedite the processing of prescriptions by submitting his bills for prescriptions weekly and making sure that all information is included.

As all establishments which are licensed as "pharmacies" are operated to provide pharmaceutical services to all segments of the public, the display of signs indicating that "medical care," "medicare" or "MAA" prescriptions are filled does not promote the professional status or image of pharmacy.

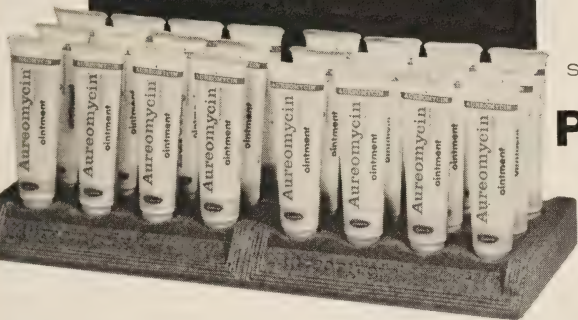
When major administrative changes are made or programs enlarged, delays in processing will occur. New procedures must be ironed out and additional personnel hired and trained. Contacts with officials should, of course, be conducted so as to maintain cordial relations as it will be necessary for a pharmacy-government partnership to be maintained for a long time to come.

Through the work of the Maryland Pharmaceutical Association, tremendous progress has been made in the past few years in connection with governmental pharmaceutical services such as medical care and MAA. With the never-ending, ever-expanding governmental programs unfolding, the MPA has assigned the highest priority to governmental pharmacy activities. With the cooperation and support of all in pharmacy, the state professional pharmaceutical society will continue to discharge this critical responsibility.

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President's Message

Dear Fellow Members:

My year as the titular head of the Pharmacists of Maryland has drawn to a close and I feel honored and privileged to have served you. The goals which I felt should be primary were, first, that a prepaid prescription insurance plan should be uppermost in our aims. Second, I said an honorable, non-subsidizing program should be developed with the governmental agencies in line with our obligation of giving proper pharmaceutical health care to our needy citizens.

In discussing prepaid prescriptions, I can honestly report to you that more time was devoted to this problem than any other during the past year. The consensus of opinion after much deliberation was that the Association should not dash into this plan without exploring other avenues to achieve our goal.

Our next and equally important goal for Maryland Pharmacy has been the securing of more equitable compensation in the dispensing of Medical care and MAA prescriptions. Many can look back into the not too distant past when our fees were as low as 50 cents and we were dickering about a 5 cent container fee. Today the \$1.00 and \$2.00 fee is in effect and every pharmacist in Maryland is indebted to the MPA for this progress in receiving proper remuneration. Progress is being made in establishing one fee of \$1.50.

I shall now turn to the Legislative Program of our Association and again urge your support in 1967 for the program which failed in 1966.

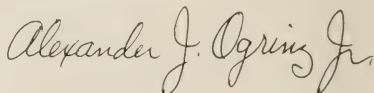
I cannot honestly find any justification for a few members of our own Association to openly oppose the bills that were introduced in 1966, yet such was the case.

Your Executive Committee has instructed Secretary Gruz to present these bills to the Legislative Council for introduction into the 1967 legislature.

I feel it is the duty of Maryland Pharmacists to see that this bill is enacted. There has been an undercurrent created by a very small minority of pharmacists. I should like to point out that our 1966 legislative program was sent to Annapolis with the unanimous approval of the Eastern Shore Pharmaceutical Society, the Allegany-Garrett County Pharmaceutical Association, the Prince-Georges Montgomery County Pharmaceutical Association, the Maryland Pharmaceutical Association and a solid majority vote of the Baltimore Metropolitan Pharmaceutical Association. This would indicate to me overwhelming approval of the program.

It seemed to me that our profession and all other professions do not meet the criteria of accepting responsibility. To see ourselves, we must see others. Have we not been selfish? Have we not thought first of pharmacy and then of society? I think some of us have and I feel this must be reversed. In this new emerging pattern of health care, we must see the needs of society, and new interests in health will no doubt place greater demands upon us. The era of professional isolation is over.

Sincerely,



President

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grants

FOR UNDERGRADUATE RESEARCH IN PHARMACY

Recipients of Mead Johnson Laboratories Grants for Undergraduate Research in Pharmacy for the 1966-67 Academic Year have been selected by the American Association of Colleges of Pharmacy.

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DR. WILLIAM H. PARSONS

*Director, Division of
Mathematics and Physics
Massachusetts College of Pharmacy*

DR. HARBANS LAL

*Associate Professor,
Pharmacology and Toxicology
University of Kansas*

DR. DOUGLAS S. KRIESEL

*Associate Professor of
Pharmaceutical Chemistry
Southwestern State College*

DR. HOWARD C. ANSEL

*Associate Professor of Pharmacy
University of Georgia*

DR. SEYMOUR M. BLAUG

*Professor of Pharmacy
The University of Iowa*

DR. WENDEL L. NELSON

*Assistant Professor of
Pharmaceutical Chemistry
University of Washington*

DR. C. DeWITT BLANTON, JR.

*Associate Research Professor,
Pharmaceutical and Medicinal Chemistry
Auburn University*

DR. GARY W. OMODT

*Associate Professor,
Pharmaceutical Chemistry
South Dakota State University*

DR. BRYANT W. FITZGERALD

*Assistant Professor of Pharmacy
University of Montana*

DR. NICOLAS H. CHOULIS

*Assistant Professor,
Pharmaceutical Chemistry
Texas Southern University*

It is a privilege for the people of Mead Johnson Laboratories to again sponsor this program designed to stimulate student interest in pharmaceutical research.

The role of Mead Johnson Laboratories in regard to these awards is limited to providing award funds and consultation to the American Association of Colleges of Pharmacy. The method of choosing recipients is determined by the American Association of Colleges of Pharmacy.

Mead Johnson

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Research for Life

Secretary's Script ...

A Message from the Executive Secretary

Health Information Centers

How can pharmacies stand out? By identification as a source of health information. The MPA has Health Education Center racks available at the nominal charge of \$15.00. Now is the time to make each pharmacy a "Medicare Information Center" as well by placing pamphlets from Social Security in the rack.

The NARD has cooperated with the Social Security Administration in making pamphlets available entitled, "The Pharmacist Speaks to His Customers about Medicare." The NARD also distributed a useful Medicare Information chart.

A pamphlet entitled "Social Security Amendments of 1965—A Brief Explanation" was mailed by the A.Ph.A. to its members. Contact the MPA office if you did not receive a copy and wish to have one.

In addition, it is important for all pharmacists to get and read "Health Insurance Under Social Security — Your Medicare Handbook," which is also available to MPA members.

NARD Convention Oct. 23-27, 1966

All pharmacists are urged to attend the 68th Annual Convention of the National Association of Retail Druggists October 23-27 in St. Louis.

The current status of the Drug Abuse Control Amendments of 1965, Medicare, Medicaid, competitive marketing trends, political, professional and social developments affecting the practice of retail pharmacy for the next decade will be reviewed by nationally recognized authorities.

Donald O. Fedder, member of the MPA Executive Committee and Vice-President of the Baltimore Metropolitan Pharmaceutical Association, will participate in a panel program entitled, "Opportunities in Convalescent Patient Care."

Proprietors and managers of community pharmacies can learn a great deal from this program and should make every effort to attend the NARD Convention.

Nathan S. Gruy
Executive Secretary

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Outside Force Shaping Future

Excerpts of Presidential Address

By

LINWOOD F. TICE

President, American Pharmaceutical Association

"It must be clearly evident to every thinking person in pharmacy, as well as in every other health profession, that a superior force from without is doing more to shape our future than that residing in ourselves," President Linwood F. Tice told the annual banquet audience after his installation as President of the American Pharmaceutical Association at its 113th Annual Meeting.

"This force is the firm intention of the American people to place excellent health care in the same category as food, shelter, and clothing, and not as a special privilege or luxury for the few who can afford it. The recent actions by the legislative and executive branches of our government stem from this desire and intent on the part of the public.

"Such legislation is not the **source** but the **expression** of this public demand. If we believe in democracy in action, the Congress had and has no choice but to respond to what has become a clear mandate from the American people.

"Under this mandate, it becomes our clear duty as a health profession not to oppose and delay the implementation of health legislation but to do our sincere best to integrate our professional services so as to best accomplish the legislative intent and serve the needs of our people. While no group can operate completely divorced from economic self-interest, a health profession—if it hopes to maintain its professional status and image—cannot put self-interest above public welfare.

"We must avoid this pitfall at all costs in spite of all reactionary opinion to the contrary. Many of our worst defeats, and those of other health professions in the past, have stemmed from this error.

"As one senses and explores the direction that health care, both public and private, is taking in this country, it becomes obvious that many long established professional 'ways of life' must be subjected to what will and must become an 'agonizing reappraisal.' Pharmacy is not alone in this; medicine, too, has its problems. Even the drug industry, the envy of the civilized world, seems destined to be, and indeed is being, shaken by forces stemming from this same public unrest and our government's response to it. These things are traumatic and, in some instances, they may even be unfair, but expressions of pain and displeasure will not in the end contain the problem which is presented to us all.

"The most immediate and pressing problem confronting the profession of pharmacy is its well-known ambivalence—business or profession. The time is rapidly approaching when we must choose one or the other. While I know it to be an unpopular statement pharmacy in a sense has been a 'captive' profession so well proselyted and indoctrinated that most of its inmates were quite content.

"This indoctrination often began in our colleges, and in fact, it still is attempted in some. It is intensified and reinforced by those pharmacists who willingly permit commercialization of the rankest sort to prostitute their professional calling. It is not surprising that this has encouraged the partial public acceptance of mail order prescriptions and discount house operations for drugs, and to think of pharmaceutical service as the simple sale of a commodity.

"Here, again, the radical changes which lie before us will occur not because we initiate them but because of

reaction to outside forces. With the tremendous upgrading in total health care quantitatively and qualitatively now in the planning stage, such pharmacies—if they can so be called—will lose public interest and support. It is imperative, however, if we as pharmacists are to fill the important place ready and waiting for us in the health care picture, that we build on the solid bedrock of professionalism.

"We must in our every daily act put the patient's welfare above our own self-interest and perform accordingly. Pharmacists must become patient oriented and not product and sales oriented, as in the past. We must, furthermore, divorce ourselves from the cost of commodities in establishing fair compensation for our professional services.

"We must be prepared and willing to refuse to be a party in the distribution of drug products not in the patient's interest even though it may be legal to do so, and not rely on the specious argument that, if we do not sell such products, someone else will."

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F. S. BALASSONE, B.S.
Secretary

301 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201

Pharmacy Changes

The following are pharmacy changes which occurred during the month of May, 1966:

New Pharmacies

The House in the Pines Pharmacy, Roger C. Lipitz, Pres., 2525 W. Belvedere Ave., Baltimore, Maryland 21215.

Change Of Ownership, Address, Etc.

Connecticut Knowles Pharmacy, Michael J. Skiba, Pres., 10526 Connecticut Ave., Kensington, Md. (Formerly, H. L. Seidel, Pres.)

Markley's Pharmacy, Herman Glassband, Prop., 3701 Falls Rd., Baltimore, Maryland 21211. (Formerly, Edward B. Markley, Prop.)

New Windsor Pharmacy, Donald E. & Jeanne A. Elliott, Props., 211 Main St., New Windsor, Maryland. (Formerly, Robert A. Pilson Pharmacy, Robert A. Pilson, Prop.)

No Longer Operating As Pharmacies

American Drug Center, James Y. Mobley, Pres., 913 Taylor Ave., Baltimore, Maryland 21204.

Health City Pharmacy, Paul Fribush, Pres., 5443 Reisterstown Rd., Baltimore, Maryland 21215.

Mapleside Pharmacy, James E. Michael, 911 Oldtown Rd., Cumberland, Maryland.

Professional Pharmacy, William C. Harris, Prop., 101 Main St., Baltimore, Maryland 21222.

Voshell's Pharmacy, Gilbert Cohen, Prop., 241 N. Lakewood Ave., Baltimore, Maryland 21224.

—O—

The following are changes in pharmacies which occurred during the month of June, 1966:

New Pharmacies

Topps Pharmacy, Alder Simon, Pres., 2401 North Point Blvd., Baltimore, Maryland 21222.

Super Giant Pharmacy #221, J. B. Danzansky, Pres., 3757 Old Court Rd., Baltimore, Maryland 21208.

White Cross, D. M. Robinson, Pres., 2808 Eastern Avenue, Baltimore, Maryland 21224.

NO Longer Operating As Pharmacies

Applestein's Pharmacy, Frank Applestein, Prop., 1045 N. Fulton Avenue, Baltimore, Maryland 21217.

Kenwood Pharmacy, Francis P. Kalb, Prop., 4419 Kenwood Avenue, Baltimore, Maryland 21206.

Change Of Ownership, Address, Etc.

Bemar Service Pharmacy, Inc., Jack Goldberg, Prop., 9309 Georgia Avenue, Silver Spring, Maryland. Formerly located at: 9423 Georgia Avenue, Silver Spring, Md.

McComas & Palmer Pharmacy, Samuel H. Cohen, Pres., 8642 Loch Raven Blvd., Baltimore, Maryland 21204. Formerly owned by: Mathias Palmer.

Rx Drug Center #4, Robert Stofberg, Pres., 6302 York Road, Baltimore, Maryland 21212. Formerly, American Drug Center, James B. Mobley, Pres.

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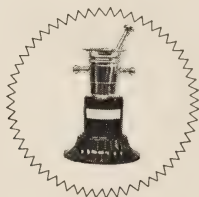
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Each year Pfizer Laboratories looks forward to the Annual Meeting of the APhA as one of the more important events on our calendar. We are indeed proud to join the American Pharmaceutical Association in honoring the individual pharmacist and organization whose public education programs are judged most effective in demonstrating the direct relationship between the pharmacist and better community health.

Our hope for the future is that more and more pharmacists and organizations will take part in this annual competition.

The APhA Public Education Awards consist of a cash prize of \$500, a trophy, and an expense-paid trip to the Annual Meeting, where the presentation of awards is made.

All entrants receive a certificate of merit in appreciation of their efforts.

A brochure outlining the rules for prospective entrants in 1966 is available on request from: American Pharmaceutical Association, Division of Communications, 2215 Constitution Ave., N.W., Washington, D.C. 20037.

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J. Harris Fleming, Director of Trade Relations, Pfizer Laboratories, and J. B. Roerig & Co.; Dr. Edward S. Brady, Professor of Pharmaceutical Chemistry, Univ. of South. Calif.; Grover C. Bowles, President of the APhA; Sam Brock, Sales Manager, Pfizer Laboratories.

Individual Award:

DR. EDWARD S. BRADY
Professor of Pharmaceutical Chemistry,
University of Southern California.

The central feature of Dr. Brady's entry was a series of 28 half-hour TV programs entitled, "The Apothecary." Dr. Brady wrote the scripts and was the sole performer in each of the programs. During 1965 he made 200 appearances in person or on film. His total audience may now be measured in the millions.



Sam Brock, Sales Manager, Pfizer Laboratories; Benjamin Levine, President, Cons. Bklyn. Retail Pharmacists, Inc.; Grover C. Bowles, President of the APhA; J. Harris Fleming, Director of Trade Relations, Pfizer Laboratories and J. B. Roerig & Co.; Moe Weiss, Executive Secretary, Cons. Bklyn. Retail Pharmacists, Inc.

Organization Award:

CONSOLIDATED BROOKLYN
RETAIL PHARMACISTS, INC.

Under the direction of Moe Weiss, Executive Secretary, all available media were used for participation in several special pharmacy "Weeks." Large posters were used on buses to provide maximum exposure to the 3,000,000 residents of the Brooklyn area. Radio, TV and newspapers dramatized the everyday experiences of the pharmacist in his efforts to serve the public interest.

The panel of judges for the 1965 Public Education Awards Competition included the APhA Committee on Public Relations, with special assistance from Robert B. Wolcott, Jr., President of Robert B. Wolcott Associates, Inc. of Los Angeles and President of the Public Relations Society of America, and Leland R. Rosemond of N. W. Ayer & Son, Inc. of Philadelphia. In addition to Committee Chairman Eckstrom who is Associate for Professional Services, Eli Lilly and Company, the members of the Committee are Arthur F. De Vaux, community pharmacist of Ann Arbor, Michigan; John F. Fochtman, Assistant Secretary, the National Pharmaceutical Council, Inc.; Dr. Richard P. Penna, community pharmacist and Assistant Clinical Professor of Pharmacy at the University of California, and John Shostak, pharmacist and member of the Connecticut State Legislature.

Displays of the winning entrants were shown at the 113th APhA Annual Meeting in Dallas, April 24 to 29, 1966.

Identifying Our Customer—The Pharmacist

The Pharmacist and his Wholesaler have a Mutual Responsibility and Interdependency

By

JAMES E. ALLEN, President
The Henry B. Gilpin Company

Presented at the session on "Aids to Professional Practice" of the Academy of General Practice, American Pharmaceutical Association, Annual Convention, April 27, 1966, Dallas, Texas.

There is one valid definition of my firm's business purpose . . . to create a profitable customer. Customers are people first, and then they are buyers and payers of invoices. The wholesaler's profit incentive makes him everlastingly conscious of these basic considerations. The wholesale druggist does not serve patients or consumers directly. He operates in the background and is virtually unknown to the public at large. His customer is a professional . . . a graduate pharmacist, educated, trained, and licensed to administer a professional service to those in his community.

We are a heavy duty supply house of drugs and health care products and rely on pharmacists for the extension of our productivity. Our growth is tied to the survival and success of the individual pharmacist, his enterprise, and adaptability in the face of new competition and changing conditions. With us, to create a customer means to create a climate . . . an opportunity . . . a service—and to make certain that tomorrow's pharmacist will be a full time, independent, and successful health professional. We serve pharmacists who own and operate traditional neighborhood service drugstores, drugstores in big regional shopping centers, the hospital pharmacy, and the prestige professional pharmacy . . . big customers now and growing bigger.

We see an opportunity for us to help professionally minded pharmacists to find suitable locations and back them up with bankable leases, equipment, in-

ventory, design, financing, and special services so that they can concentrate on their basic function in an economically sound and professional facility. Currently, we serve five APhA Pharmaceutical Centers. They are good customers of ours and we have enough information on three of them to know that they are enjoying economic success. Slowly, but surely, we are beginning to learn some of the great new opportunities for pharmacists.

We see 6-story, 300-bed nursing homes being built to provide post-hospital care for patients. Most do not have their own pharmacy. They rely on neighborhood pharmacists. We have noted that the voluntary optional coverage under Medicare includes surgical dressings, braces, splints, hospital beds, wheel-



JAMES E. ALLEN
at Gilpin display at APhA Convention



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chairs, walkers and crutches. Also, Medicare regulations require a nursing home to either employ a registered pharmacist full time or make arrangements to obtain drug supplies from a community pharmacy.

Medicare regulations and new state regulations will expand the role of the pharmacist and add to his professional responsibility. We are taking a hard look at our customer—the pharmacist—and making a market study of him. The pharmacist can be more valuable to us by investing more wisely the capital he possesses . . . his professional qualifications and his financial resources.

We put to use the economies inherent in preplanning, time and motion studies, design, computerized installation of inventories, profitable use of atmosphere and decor, and, most important of all, we guide young pharmacists into pharmacies which they own and administer themselves . . . and they can do it most of the time with that mother-in-law's loan.

The APhA-Gilpin Pharmaceutical Center is based on time, space, and professional principles as established by the APhA Code of Ethics and sound economics. The APhA-Gilpin Pharmaceutical Center is a complete package with fixtures, cabinetry, inventory, equipment, and a system for announcements and direct mail communication with physicians, nurses, nursing homes, and patrons.

... We offer two basic floor plans with several choices of interior and exterior design . . . Provincial, Contemporary, and Colonial.

... We feature a variety of different textured wall material, interestingly blended with wood paneling . . . some with natural stone setting and brick accent areas . . . a botanical garden for living and blossoming medicinal plants . . . and carpeting is used throughout.

... The prescription laboratory has been designed to increase the efficiency of compounding and dispensing, providing a unique carousel arrangement to stock regularly used products conveniently near the prescription counter.

... The APhA-Gilpin Pharmaceutical Center emphasizes the essential characteristics of the original plan introduced by the Association in 1965. Included are the family record system, health education center, the absence of displayed products, and the recommended use of the fee method to determine charges.

... The 1,500 square foot plan includes a sterile area for preparation of ophthalmic medication, as well as additional service departments . . . physicians' lounge and library . . . office and suppliers' conference room . . . fitting room . . . nursing home supply laboratory.

... A combination lounge and library for physicians and other health specialists, productively used by the pharmacist to describe the merit of the fee system and other professional services.

... The pharmacist's office, adjacent to the laboratory, has been designed to provide maximum convenience for conferences with supplier representatives, recognizing the important role of the salesman and his value to the pharmacist. Special consideration is given to encouraging the salesman to avoid inappropriate interruption, while at the same time making certain that the time and place is provided for good communication, inventory control, and product demonstration.

... In installations occupying less than 1,000 square feet, the office will serve as a fitting room for surgical garments and orthopedic supports.

... The convalescent aids and appliances department has been specially designed behind a door which opens

for convenient selection of a wheelchair or any one of the many health care products.

... We have designed a specially equipped nursing home department which includes a prescription counter for dispensing and compounding, with adequate shelving for hampers and baskets for delivery to nursing homes. These facilities are especially equipped and stocked to serve as an off-the-premises pharmacy for nursing homes.

... The Pharmaceutical Center serves as if it were located on the first floor of a nursing home, and delivers via truck in place of an elevator.

Special emphasis is devoted toward influencing nursing home administrators to recognize their responsibility for proper pharmacy service, emphasizing the pharmacist as the only individual who is qualified by law to perform the functions necessary for adequate and safe health care. We make our talent and resources available to the pharmacist for promotion by designing appropriate messages that will compliment the administrator, recognizing his responsibilities to provide medical care for the residents of the home, and relating this philosophy directly to the professional role of the pharmacist. We help the administrator understand the difference between dispensing and administering medications . . . that the act of dispensing in most states is considered the sole legal prerogative of a pharmacist or the physician. We help the pharmacist of the APhA-Gilpin Pharmaceutical Center arrange a visit for the nursing home administrator and his staff to the nursing home laboratory and medical supply service facility . . . available in the pharmacy as a separate department of the nursing home itself. We make it obvious that the APhA-Gilpin Pharmaceutical Center is specializing in nursing home service. Many administrators are not cognizant of the necessity for good phar-

maceutical service. In most instances they do not recognize what constitutes good service. We have found that by inviting them and taking them on tour through the APhA-Gilpin Pharmaceutical Center they are most enthusiastic and responsive.

As wholesale druggists, it is usually uneconomical for us to serve a nursing home direct. Yet, nursing homes use the products we distribute. We are entrepreneurs and the profit incentive keeps us alert and imaginative. The art and science of persuasion is a very specific phase of our marketing function. We are full service wholesalers because it is good business to make available to our customers methods and procedures drawn from industrial management techniques. We are deeply concerned with statistics pointing to economic problems of pharmacists operating small promotional drugstores in diminishing traffic areas with economic difficulties. Many of these are our good Gilpin customers. During the past few weeks, we have received several telephone calls and letters inviting us to help some of these pharmacists convert to a Pharmaceutical Center. We have followed through and made site evaluations and careful studies to appraise the economical potential. Several of these have passed the test and are being converted. And we see a new lease on life for these most valued customers of ours.

The pharmacist and his wholesaler have a mutual responsibility and interdependency. While many pharmacists want to own and operate big promotional drugstores, and we are fully equipped to help them do it, we have found through our relationship with pharmacists that nearly every one of them possesses a basic dream to practice pharmacy in an atmosphere where his essential training and knowledge are fully recognized . . . where he can sustain respect and dignity. The APhA-Gilpin Pharmaceutical Center is a genuine opportunity for us to help these pharmacists achieve this dream.

When young graduates in pharmacy come to our office with a gleam in their eyes, eager to own their own pharmacy, and say, "I think I can get together \$5,000 and a little bit more from my family . . . do you think I can open my own pharmacy?" . . . it is always one of the most difficult questions for us to answer. But I can tell you this. We have taken a hard look at many locations, many old stores, many shopping centers, many medical buildings . . . all through the years of our experience in this business. We have responded to our opportunity and our responsibility to provide financial guidance and economic appraisals, and it is not always possible for us to come up with a satisfying answer. But one of the most rewarding new events we have seen for a long while is the APhA inspired and designed Pharmaceutical Center. Our firm proudly presents this idea to our customers, with appreciation and respect for the certification that has been granted our firm, making the Gilpin Pharmaceutical Center an officially approved design. Many of our young pharmacist friends are wealthy with personal talent and professional training, qualified and registered to practice. But they are short on cash. Even so, they want to own their own pharmacy and control their destiny. They are pleased to find the opportunity to do this without the need to finance diversified inventories, space, and departments, and to find the way and the means to apply their professional knowledge and skill and effectively compete.

On May 6, 1962, our firm dedicated our headquarters offices and Washington building to the pharmacists of America and attached a bronze plaque inscribed "In recognition of the essential service Pharmacists render to the health care needs of people everywhere, we respectfully dedicate this building to the Pharmacists of America as an expression of our appreciation and esteem for the profession." On that date, Dr.

William S. Apple addressed the hundreds of Gilpin customers and friends who attended our opening ceremony. Dr. Apple said then, "The Gilpin Company has achieved an honored place among the pharmaceutical wholesalers of America. This group renders a comprehensive social and economic service by serving as the link between the pharmaceutical manufacturer and the pharmacy. Because of your work, the wonders of science and medicine are immediately available through professional channels to every man, woman, and child in this area."

We have not taken this statement lightly. We believe in striving for superiority and encouraging and materially aiding individual effort. For many of the pharmacists we serve, the Pharmaceutical Center is a progressive step in this direction.

NOTE: Mr. Allen's presentation included color slides and descriptive material defining the Gilpin concept and program for the A.PhA-Gilpin Pharmaceutical Center as a means to help professionally minded pharmacists achieve personal fulfillment from their practice in facilities they run and administer.

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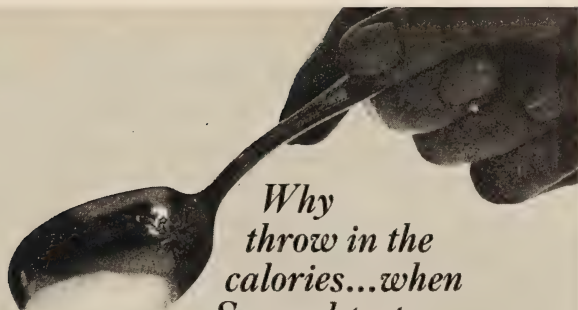
Please inform this office four weeks in advance to avoid undelivered issues.

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National Council State Pharmaceutical Association Executives

"The Relationship Between Metropolitan And State Pharmaceutical Associations"

A panel presentation was held on this subject at a joint meeting of the National Council of State Pharmaceutical Association Executives and the Metropolitan Pharmaceutical Secretaries held in conjunction with the Annual Convention of the American Pharmaceutical Association. Panelists were: Morris E. Blatman, Executive Secretary, Philadelphia Association Retail Drug-gists; Nicholas Gesoalde, Executive Secretary, New York Pharmaceutical Association; E. Ronald Shewfelt, Secretary, Northern California Pharmaceutical Association; Richard S. Strommen, Executive Director, Illinois Pharmaceutical Association.

The moderator of the program was Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association and Secretary of the Baltimore Metropolitan Pharmaceutical Association.

....

The following is the address of Nicholas S. Gesoalde, "Dean" of the State Secretaries:

As I sat down to prepare my remarks for this program, I once again came to the realization that New York State is sort of in a class by itself. I don't say this with any sense of bravado, but simply to point out that the benefits and problems of association relationships will probably be slightly different from my state as compared to most other states.

Let me give you a few statistics from which a factual background will be drawn. My figures are rounded-off for purposes of this talk. I say this so I will not have to use the word "Approximate" every time I give a statistic.

There are 5,800 pharmacies in New York state. These are distributed throughout 61 counties. Our state is both rural and metropolitan. Some few counties have only two or three pharmacies. Five counties—the counties making up New York City—have about half of these 5,800 pharmacies. Specifically, 450 pharmacies in the Bronx; 900 in Brooklyn (Kings County); 775 in New York County (Manhattan); 700 in Queens and 75 in Richmond County (Staten Island).

Except for a few very sparsely populated counties, all of the pharmacists in New York are organized in county or multiple-county organizations. All together, there are 48 local associations in New York state, all of which are affiliated with the state society. Before you start wondering, this affiliation, of itself, does not include dues affiliation. That is another item that I will get to in a moment.

Enough statistics for now. Let me move to some observations, principles and opinions.

I firmly believe in strong county, state and national pharmaceutical organizations. Unlike being in favor of motherhood or against sin, this principle does mean something. I do not believe in emasculating any of the three categories of organization. Each in its sphere has a highly important job to do, and should not be interfered with in performing that job.

Certainly, conflicts will arise. They will arise between state and national associations. They will arise between local and state associations. How should they be resolved? In principle, I believe that organizational problems are

best resolved where there is recognition of the basic unit of this nation—the state—balanced against the increasing importance of federal regulation and the always existing importance of the grass-roots county organization.

Let me delve into this a bit more deeply, for the understanding of the resolution of such conflicts—or avoiding their cropping up—is really the key to the subject matter before us today.

At our inception, this nation was a community of sovereign and independent countries. Thirteen countries gave up certain rights to a Federal Government and retained others. Among the rights retained were the police powers—the powers to protect the public health, safety and welfare. Under these police powers, pharmacy was, and continues to be regulated. Licensing of the pharmacist is by the state. Registration of the pharmacy is by the state. With those two basic functions in the hands of the state, it is no wonder that state associations came into being. From those two basic state functions, others have derived—from education to public assistance, with all stops in between. However, the basic unit of regulation is the state, and thus, the basic unit of organization is and must be the state.

I will not go into detail regarding the importance of national associations. As federal control and regulation over pharmacy increases, the importance of our national organizations increases. State associations look to national organizations for guidance and assistance on federal matters, with our national organizations needing and seeking state help in the actual implementation of many, if not most programs and activities. This inter-dependence can and does work well to help both associations and the profession. Should any state endeavor to usurp the prerogatives of a national society, that state should be slapped down immediately. The reverse is also true, should any national association endeavor to interfere with an intrastate matter.

Let me now turn to county organizations and get to the real meat of the problem. To function effectively and well, a state association—at least, that is, a state of any size—must have functioning and active county associations. In the areas of legislation, welfare and public assistance, public relations and education, gathering and disseminating information, development of officer material, and the whole range of organizational activities, action at the local level is essential to success.

Please note clearly that I fully recognize the importance—the absolute necessity—for strong and active local county organization.

But note also that I speak in terms of county organization and not metropolitan organization, district organization, sectional organization or city organization. Each county is the grass roots level of major importance, and anything between the county and state levels is unnecessary.

This is not to say that coordinated effort on metropolitan, city or sectional problems may not be necessary for some problems. Specific situations of mutual concern may call for such coordination. For example, in the city of New York, there are a number of functions of importance to pharmacy that over-ride county borders of the individual boroughs. These include welfare, city health department, union matters and a few more. To coordinate borough efforts to solve these city-wide problems—with or without the help of the state society, depending upon the problem . . . usually with the help of the state society because this same problem may occur elsewhere in the state . . . is commendable, proper and necessary.

But it is here that we must be careful. When a multiple-county coordinated effort endeavors to take precedence over the counties themselves or over state-wide organization, this is not proper . . . this is the tail trying to wag the dog.

You will note that my remarks obviously have specific reference to the

five-county situation that exists in New York City. However, they would have equal application to any sectional or regional situation that may exist in the nation. A city that is co-extensive with its county raises only a slightly different picture, for there the multiple county problem and interference with individual counties is absent. The tail wagging the dog problem, however, is still present in that situation if it gets out of hand.

Every area of a state has the right—it has the responsibility—to effectively organize to meet problems that it may have or to carry out a program that requires area participation. However, there must be care taken that the sphere of influence of that organization does not try to creep outside its geographical bounds, nor outside of its program bounds.

Further, regardless of whether a local organization is of one county, multiple counties, sections, metropolitan areas or what have you, the state society must be permitted to take the leadership in all state-wide matters.

I am sorry to say that there are those in pharmacy who do not recognize the principles I have just enunciated—or who do recognize them but refuse to follow them. If any state association would seek to work outside the A.Ph.A. or the N.A.R.D. on a national matter, that state deserves the condemnation of organized pharmacy. If any sectional, metropolitan city or county organization endeavors to act upon a problem that affects a single pharmacist outside of its borders or acts within its borders in a manner that interferes with the workings of the state society, that local organization deserves condemnation.

I have phrased most of my remarks in dark language, because I feel very strongly on this subject. The situation, of course, is generally not as black as my remarks might make it seem, and even in those instances where the con-

flict arises, understanding and statesmanship have usually solved the situation.

One of the strongest methods for developing the ties of coordination important to the proper local-state relationship, in my opinion, is the one-dues reciprocal membership program. In those associations with which the pharmaceutical society of the state of New York has such arrangements—15 at present, representing every size and locality of branch association—mutual respect, give and take, cooperative programs and activities and coordinated drives have developed to the extent that both the local organization and the state society greatly benefit. More important, our mutual members benefit. It is my hope that one day we may see complete county-state-national integration of dues.

In summary, therefore . . . I believe that the basic unit of pharmaceutical organization is the state association. The metropolitan pharmaceutical organization—or any local association—must, if conflict or doubt exists, defer to state-wide necessity. No metropolitan organization can be permitted to take precedence over the state organization. One spoke cannot be permitted to run the wheel . . . if it does, the wheel goes off course. Finally cooperation, coordination and mutuality of action must be the key to a proper state-local relationship.

—o—

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* * * *

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School of Pharmacy, U. of M., News



Alumni President Harold P. Levin installs incoming President Aaron M. Libowitz. Past President Victor H. Morgenroth, Jr., served as toastmaster.

Dr. George Philip Hager received the Honored Alumnus Award of the University of Maryland School of Pharmacy at the school's annual alumni banquet Thursday, June 2, at the Emerald Gardens.

Francis S. Balassone, chief of the Maryland State Board of Health's division of drug control and secretary of the Maryland State Board of Pharmacy, presented the award to Dr. Hager, who is dean and professor of medicinal chemistry at the University of North Carolina School of Pharmacy.

A native Baltimorean, Dr. Hager was professor and head of the department of pharmaceutical chemistry at the Maryland pharmacy school from 1948 to 1955. He was assistant professor of inorganic and organic chemistry there for the three preceding years.

Dr. Hager has done considerable research in pharmaceutical chemistry and from 1955 to 1957 he was senior scientist at Smith, Kline, and French Laboratories, Philadelphia, where he worked on correlation of molecular structures with biological activities.

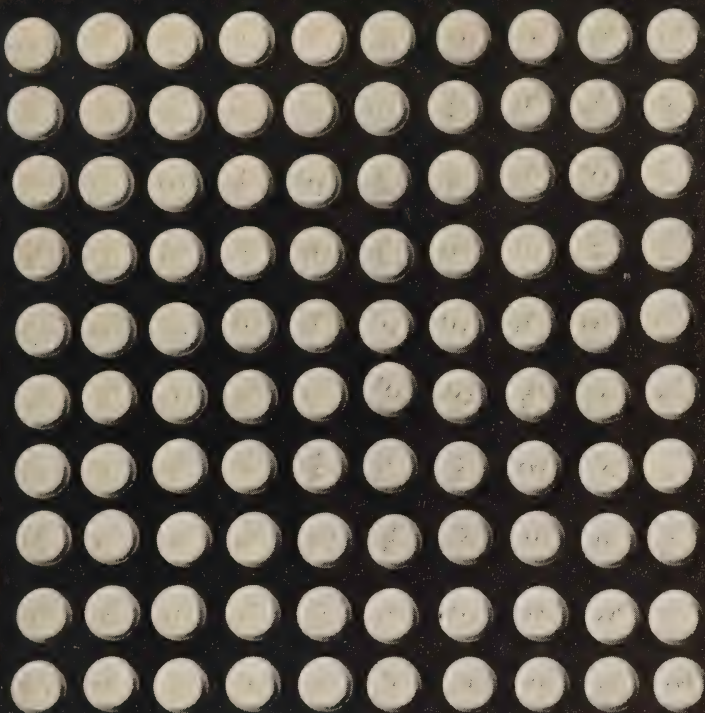
Prior to his appointment at North Carolina, he was dean and professor of pharmaceutical chemistry at the Uni-

versity of Minnesota College of Pharmacy from 1957 to 1965.

He is on the National Advisory Committee on Selection of Physicians, Dentists and Allied Specialists, is chairman of the National Academy of Sciences' committee on modern methods of handling chemical information, and was the 1965-66 president of the American Association of Colleges of Pharmacy.

Dr. Hager was graduated from the University of Maryland School of Pharmacy in 1938 and received the General Excellence Medal and the American Pharmaceutical Association Membership Prize. He received his master's degree from the University of Maryland in 1940 and his Ph.D. in 1942.

Dr. Noel E. Foss, dean of the School of Pharmacy, introduced the class of 1966 to the Alumni Association. Fifty-year certificates were awarded to: James A. Barone, Girdwood Collenberg, George Karmann, Fred A. Lambrecht, G. Ernest Wolf, all from Baltimore; Earle H. Lightner of Hagerstown, Md.; and S. Fred Marshall of Boston, Mass. Sixty-year certificates were awarded to Benjamin D. Benfer, Somerdale, N.J., and Mrs. Grace L. Kahler, Baltimore.



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Dr. Noel E. Foss, dean of the University of Maryland School of Pharmacy, has announced the promotion of Dr. James Leslie to associate professor of pharmaceutical chemistry, effective July 1.

Dr. Leslie has been assistant professor in physical chemistry at the pharmacy school since 1963. Prior to that, he was an assistant professor at Washington College in Chestertown and from 1959 to 1962 was on the faculty of Oklahoma State University.

A native of Belfast, Northern Ireland, Dr. Leslie was graduated from Queens University of Belfast in 1956 and received his Ph.D. in 1959.

He is an associate of the Royal Institute of Chemistry in London, a fellow of the London Chemical Society, and a member of the American Chemical Society. He is serving as faculty advisor to the Rho Chi Society, an honorary fraternity, and was advisor to the School of Pharmacy class of 1966.



DR. JAMES LESLIE, associate professor, University of Maryland School of Pharmacy.

Apothecary Club Formed

Shortly after the start of the Second Semester of the 1965-1966 academic year, a number of third and fourth year students formed the Apothecary Club.

The Apothecary Club had a buffet luncheon on May 26, 1966. At the luncheon, Dr. Noel E. Foss, Dean of the Pharmacy School, was presented with a check for The Robert L. Swain Model Pharmacy Fund. The president of the Club, Thomas J. Dirnberger, presented a check, indicating that the money is an investment by the students toward the education that the Robert L. Swain Model Pharmacy will provide for pharmacy students.

The following students participated: Messrs. Robert W. Adams, John H. Balch, John P. Barker, Jr., George C. Bohle, David Cohen, Stephen T. David, Thomas J. Dirnberger, Wayne A. Dyke, Murray P. Ginsberg, Leo A. Mierzwicki, John M. Motsko, Jr., Glenn G. Nash, Paul R. Pfeiffer, John R. Ricci, Larry P. Rolf, Larry P. Solomon, Patrick G. Welsh and Martin Wolff, Jr.

Outstanding students in pharmacy were recognized at the thirteenth annual Honors Convocation held on June 1 by the University of Maryland School of Pharmacy.

Prizes and awards were made to the following students:

Gold Medal for General Excellence:

Lawrence Leo Martin, Jr.—Baltimore

Certificates of Honor: John William

Dailey—Westernport, Md.

Myron Weiner—Baltimore

Charles Alexander Fleischer—Baltimore

The William Simon Memorial Prize:

*Lawrence Leo Martin, Jr.

The Andrew G. DuMez Medal: *John William Dailey

The L. S. Williams Practical Pharmacy Prize: *Lawrence Leo Martin, Jr.

The Conrad L. Wich Pharmacognosy Prize: Jack Howard Pincus—Baltimore

The Wagner Pharmaceutical Jurisprudence Prize: William Henry Edmondson—Adelphi, Md.

The David Fink Memorial Prize: David Martin Via—Baltimore

The Kappa Chapter, Alpha Zeta Omega

Prize: Sheldon Norman Erdman—Baltimore

The Epsilon Alumnae Chapter, Lambda Kappa Sigma Sorority Prize: *David Martin Via

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Volume 24

JUNE 1966

No. 8

TAMPA MEETINGS

TAMPA honored the ladies as is their custom each spring by holding a special luncheon meeting on Saturday, May 7, 1966. Locale was the popular Emerald Gardens where the format of a social hour, a delectable meal, and entertainment that was enlightening and informative contributed to a pleasant and memorable occasion. There is still a very lively debate ensuing as to whether the colorful table decorations were a match for our charming ladies in their spring finery. My vote goes to the ladies.

We were fortunate in having the popular panel from WFBR's Conference Call as guests. They were Harry Shriver, program director; Ken Malath, news analyst; and Lou Korbin, news director. Ted Beinert, the fourth member, was excused for the very good reason that he was going to be married in a few days. The panel very capably answered questions and rendered opinions on such subjects as: the parallel Bay Bridge, Mayor McKeldin's handling of the teacher's anticipated strike, the need for increased taxes and police department unionization.

TAMPA president, Herman Bloom, was most emphatic in praising LAMPA's Ann

Crane who was responsible for obtaining this outstanding panel to do a live Conference Call program for us. This is just another in a long string of many successful endeavors by Ann. We extend our thanks, too.

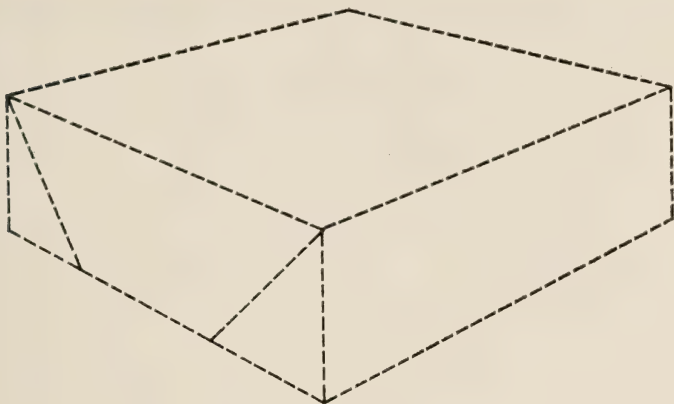
The annual pre-season convention TAMPA luncheon meeting was held on Saturday, June 4, at the Penn Hotel in Towson. Guests attending were Al Ogrinz, President of MPA, Morris Yaffe, Vice President of MPA, and Nathan Gruz, Executive Secretary of MPA and BMPA.

The guests and President Bloom outlined the many features and attractions associated with the annual convention at Tamiment in the Poconos.

Jim Tyson, representative for SIR Sales, and Robert Williams, representative for Lance were voted into TAMPA membership.

We were happy to learn that Walter Mills had been promoted to the position of supervisor with F. A. Davis.

We also heard via the grapevine that past-president Al Callahan is seriously considering turning in his ensign's uniform for airplane pilot's wings. It could be true. After all, you can get to Ocean City faster by plane than you can by boat (or is it ship?).



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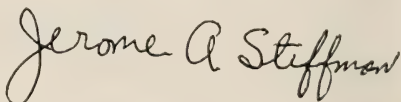
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Your Association is working on another public relation program to bring to the attention of the public the value of their friend and neighbor—the Independent Pharmacist. We are actively engaged in your behalf and your cooperation is requested to aid us in our common fight for survival.

All members of the BMPA are being sent two bumper stickers with the slogan "Your Neighborhood Pharmacist May Save Your Life—Buy At Your Neighborhood Pharmacy." Place these on the bumper or rear window of your car. The message will be seen by thousands of people. Remember—The Store You Save May Be Your Own.

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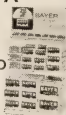

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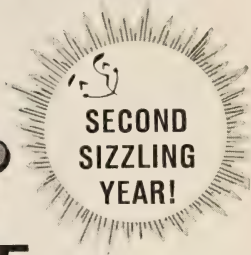
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Pan American Congress Invites U. S. Pharmacists

Buenos Aires, Argentina will be the location of the Seventh Pan American Congress of Pharmacy and Biochemistry, November 26 through December 3, 1966. U.S. pharmacists have been invited to participate and Lee E. Eiler, a member of the Council of APhA from Dayton, Ohio, has been elected to serve as Chairman of the Section on Pharmacy of the sponsoring Federation. He will be the second U.S. pharmacist to serve on the Directing Council of the Pan American Federation of Pharmacy

and Biochemistry. George B. Griffenhagen, Communications Division Director of the APhA is First Vice President of the Federation.

A special session on the "Function of the Pharmacist in Public Health" will be organized by APhA and Secretary General Santiago Celsi has asked U.S. pharmacists who wish to do so to contribute papers to the sections, which include pharmaceutical practice, history, legislation, education, industry, technology, pharmaceutical chemistry, pharmacognosy, phystochemistry, microbiology, bromatology and biochemistry.

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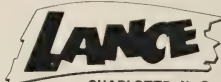


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CHARLES M. COVINGTON

Charles M. Covington is the new Manager of Pharmacy Affairs for Smith Kline & French Laboratories. He succeeds Thomas M. Collins, who becomes Assistant to the Director, Health and Welfare Activities.

Covington formerly was Manager of the St. Louis, Missouri, Region of the Professional Service Department. He joined the company in 1953 as a Professional Service Representative and became a Hospital Service Representative in 1956. Covington was promoted to Hospital Service Regional Manager in 1962 and was named Professional Service Regional Manager last year.

Collins, who is assisting the company's Marketing Division in evaluating market changes resulting from government health and welfare activities, was

Manager of Pharmacy Relations since 1962. He joined Smith Kline & French in 1958 and served in the Department of Public and Industry Affairs before joining the Marketing Division.

—O—

John T. Fay Named Director of Professional Relations McKesson & Robbins

John T. Fay has been appointed director of professional relations at McKesson & Robbins, Incorporated, according to an announcement by Henry H. Henley, president.

In this newly-created post, Mr. Fay will be responsible for maintaining profitable professional relationships with pharmaceutical suppliers, professional societies and associations allied with the pharmaceutical business, colleges of pharmacy, and Federal, state and local authorities having jurisdiction over the drug industry. He will report to McKesson's vice president, drug marketing, John J. Fenstermaker, and begin his duties July 1 at the company's home office in New York.

Formerly director of Pharmaceutical Services of the American Pharmaceutical Association and secretary of APhA's Academy of General Practice of Pharmacy, Mr. Fay is a registered pharmacist in Massachusetts and New Hampshire. He received his B.S. and M.S. degrees in pharmacy from the Massachusetts College of Pharmacy and was on the faculty of the College from 1954 to 1964, when he joined the staff of the APhA in Washington, D.C.

Mr. Fay is the author of the book, "Pharmacy: A Synthesis of Sciences," and a number of articles on pharmaceutical subjects. He is a life member of the APhA and a member of the American Association for the Advancement of Science, American Medical Association, Rho Chi and Phi Delta Chi.

—O—

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The American Pharmaceutical Association announces the availability of heavy-duty cloth emblems which may be displayed on pharmacists' professional jackets and uniforms to identify their profession and their membership in the national professional society of pharmacists.

Measuring just over three inches in diameter, the round emblems (see illustration) are executed in two colors: part of the APhA official seal is green and white on a field of white. The word PHARMACIST is white on a green field, which covers most of the lower half of the circle.

Distribution, which is limited to members of APhA, will be handled by the Order Department in APhA headquarters. Costs of the emblems are:

\$1.00 each (1 to 4)

.85 each (5 to 19)

.75 each (20 or more)

Orders for less than \$10.00 should be accompanied by payment, addressed to: Order Desk, APhA, 2215 Constitution Avenue, N.W., Washington, D.C., 20037.

Industrial Regional Meetings Scheduled

Programs have been scheduled for the three Regional Meetings of the Industrial Pharmaceutical Technology Section of the Academy of Pharmaceutical Sciences of the American Pharmaceutical Association.

The Eastern Regional Meeting will be held November 14, 1966, at the Sheraton Hotel in Philadelphia, Pennsylvania. The program will include papers on pharmaceuticals and other topics to be announced in detail later. The Arrangements Chairman is Dr. William J. Tillman, 1500 Spring Garden Street, Philadelphia, Pennsylvania 19101.

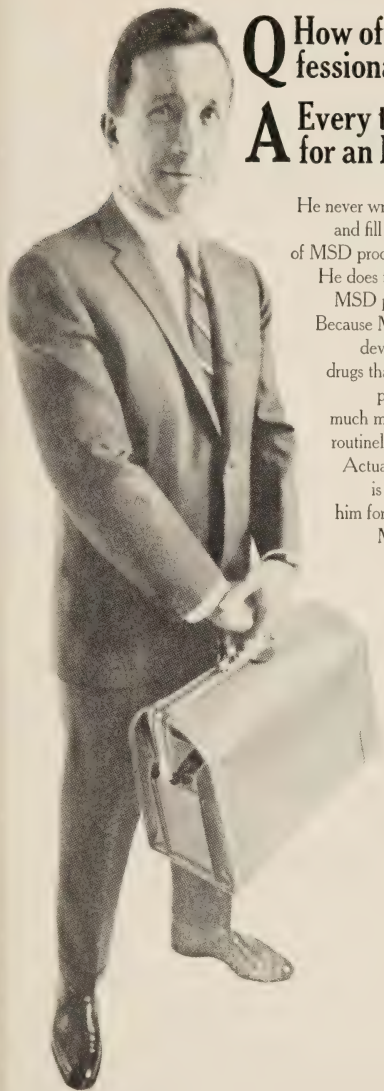
The Western Regional Meeting will be held at Hyatt House, Burlingame, California, November 21, 1966. Speakers and their subjects will be: Stuart Eriksen, "Analog Computer Use in Pharmacy"; David Himmelman, "Electronic Data Processing in Clinical and Pharmacological Research"; Olin K. Smith, "Use of Electronic Data Processing Service Bureau in Operational Control Systems"; Dean A. McCann, "Current FDA Regulations and Legislation"; Kiran Randori, "Tristimulus Color Measurements for Control of Pharmaceutical Dosage Forms". The Arrangements Chairman is Dr. James E. McDavid, Fourth & Parker Streets, Berkeley, California 44710.

—o—

Design of better drugs based on biochemical differences in viruses, bacteria, and man were discussed in an all-day symposium at the American Chemical Society's 149th national meeting in Detroit.

How antibiotics disrupt the hereditary machinery of disease-causing bacteria and the specific effects of viruses on plants, animals, and man were among the topics considered in a symposium entitled "Comparative Biochemistry as a Basis for Drug Design."

—o—



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MPA Members In The News

Past President Harold M. Goldfeder of Riverdale, was elected President of Beth Sholom Congregation in Washington, D.C.

* * *

Salvatore J. Latona, Mt. Rainier, past president of the Prince Georges-Montgomery County Pharmaceutical Association, was elected Vice-President of the Washington Wholesale Drug Exchange.

* * *

BMPA Past President Aaron M. Libowitz has been appointed Chairman of

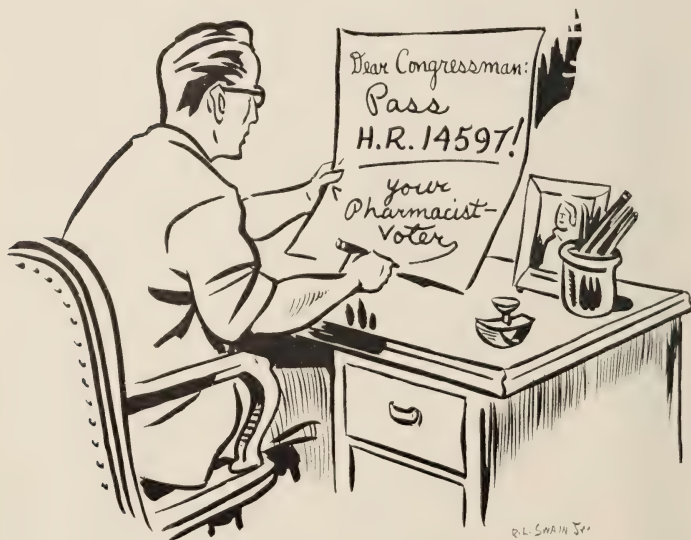
the Baltimore City Tuberculosis Committee of the Maryland Tuberculosis Association.

* * *

Victor H. Morgenroth, Jr., Past President of MPA and BMPA, has been appointed by Mayor McKeldin for a six-year term to the Baltimore City Commission on Aging on which he has been serving.

* * *

Morton B. Scherr of Marlyn Pharmacy, Essex, has been elected president of the Essex-Middle River Chamber of Commerce.



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Obituaries

William Bernhardt

William Bernhardt, formerly of Baltimore, graduate of University of Maryland School of Pharmacy in 1929, died May 29 in Waban, Massachusetts.

Milton M. Frank

Milton M. Frank, 85, Baltimore pharmacist, died June 21. He was one of the last survivors of the pharmacists registered under the Pharmacy Act of 1902.

Arthur C. Herter

Arthur C. Herter, 62, a pharmacist formerly of Baltimore, died June 21 in Alexandria, Virginia.

Mr. Herter, who was born in Germany, came to this country as a boy. In 1947 he opened the Seminary Drug Store in the Fairlington Shopping Center. Later he operated the Belle View Drug Store in the Belle View Shopping Center. In 1957, Mr. Herter opened the Herter Drug Store on South Washington Street, which he operated until last year. He lived at 807 Grand View dr., Alexandria.

Mr. Herter, who was named the Salvation Army Distinguished Man of the Year in 1961, also was active in several fund drives for the organization.

A past president of the Civitan Club, he organized their Naturalization Committee, which welcomes immigrants. He was also on the board of directors of the Alexandria Chamber of Commerce. He was registered in Maryland, Virginia and D. C.

Dr. Gustav Highstein

Gustav Highstein, 57, of Baltimore, graduate of the University of Maryland School of Pharmacy in 1929 and the School of Medicine in 1933, died on June 13.

Dr. Earle M. Wilder

Earle M. Wilder, 56, of Baltimore, graduate of the University of Maryland School of Pharmacy in 1930 and the School of Medicine in 1934, died on June 4. He practiced as an obstetrician and gynecologist.

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References: (1) Siver, R. H.: CMD, 21:109, September 1955. (2) Frykman, H. H.: Minn. Med., 38:19-27, January 1955. (3) McGivney, J.: Tex. State Jour. Med., 6-18, January 1955. (4) Quehl, T. M.: Jour. of Ida Acad. Gen. Prac., 15:15-16, October 1965. (5) Kes, D. J.: N.Y. State Jour. Med., 58:2672-2673,

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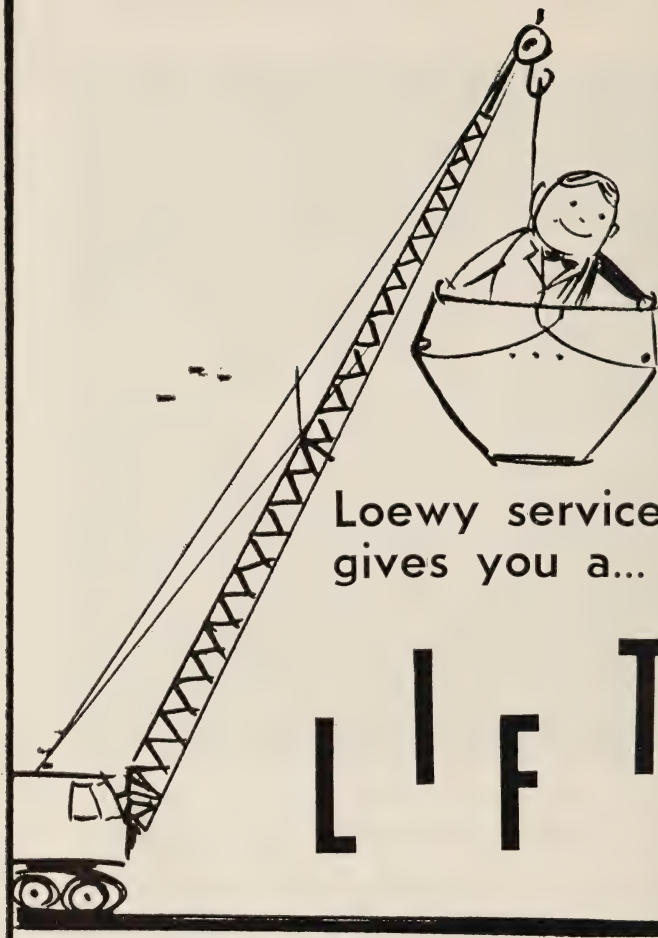
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLI

JULY 1966

No. 10

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PATRONIZE OUR ADVERTISERS

The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price \$5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 8, 1879.

Editorial

What Is Your Pharmacy PR IQ?

Every enterprise or organization of any consequence at all today has a PR or public relations program. In pharmacy every national group has been after pharmacists to give attention to public relations.

For a number of years, our public relations program has been under the supervision of our Public Relations Committee Chairman, Charles E. Spigelmire, who has almost single handedly achieved amazing results. The committee, along with the Association office, has obtained a great deal of coverage in the various media. In addition, Mr. Spigelmire has conducted the interesting "Your Best Neighbor" radio program weekly over WCAO for many years.

In order to expand the scope of public relations efforts in the State of Maryland, the Maryland Pharmaceutical Association, together with the Baltimore Metropolitan Pharmaceutical Association, has launched a program of continuous public information to inform the public of the contributions that pharmacy makes to public health and welfare.

What magic is public relations supposed to perform? After careful study the answer is obvious that no PR program can perform miracles.

If an unfavorable image is projected upon the public by any group, the undesirable image can only be changed by demonstration that the existing image is false.

The success of our professionally-directed public relations program will be based upon concrete, actual activities of pharmaceutical associations and of individuals in pharmacy. These activities can only be based upon services and programs which are of interest to the public. For the most part the public information we seek to get to the attention of the public will be health related. In addition, any activities indicating the participation of the profession or individual pharmacists in civic and community affairs will be highlighted.

Simultaneously with this professional, organized PR program, there must always be in operation the everyday on-going living of good public relations by everyone in the pharmaceutical complex. Community and hospital pharmacists, educators, wholesalers, those in government and elsewhere—all must realize that the place they practice pharmacy as well as their conduct will affect the PR and the image of pharmacy.

In essence then, a PR program can only be effective, not by fabricating, inflating or distorting events, but by the actual performance of activities recognized by the public to be valuable to the health and welfare of our citizens.

In this effort we will rely greatly on pharmacists and all associated with us for information that will be of interest and suggestions for incorporation into this new PR program. We look forward to the cooperation of everyone in pharmacy to assure the achievement of our worthwhile goals on behalf of the profession.

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President's Message

Dear Fellow Members:

It is an age-old aphorism that success does not come to those who retain a narrow view. Accordingly, it behooves us to consider for a moment some of the things that are going on in the world outside of our profession, and to see what fruit that consideration will bear. You cannot pick up a newspaper these days without reading about our boys fighting and dying in a war—a war that is not a war. The world of high finance is worried about the dollar—the dollar which hasn't been worth a dollar since anyone alive can remember. The several years since the Sputnik was launched have clearly shown that the sky—our proverbial “limit”—is nothing more than a landmark of where we were in the “old days”. The lesson is clear: we are living in an atmosphere of unreal and misrepresented standards.

So much for our environment. What is the lesson for Pharmacy itself? Although ours is among the oldest of professions, it is one of the latest to be caught up in the grinding wheels of the bureaucratic mill of governmental control, and we must act now to prevent our being ground down to the level of a GS-1. If Pharmacy is to be a full and true **profession**, meeting the needs of the community, we—its members—must be wary of the false standards that abound in and around that profession. We must guard against inroads into Pharmacy by those who seek to reap the harvest at the expense of the community. We must be vigilant of our lawmakers, and fight the false standards which threaten to erode our professional status as trained and practicing members of the American Health Team. And, as members of that team, and as professional pharmacists, we must strive to unify our forces, that we might protect our profession, and thereby more effectively administer to the health and welfare of the community.

It is, then, with this end in mind, that I humbly take up the burden of the honor which you have bestowed upon me: a greater profession of Pharmacy for our “Great Society”.

Sincerely,

MORRIS R. YAFFE
President

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Meet the President

1966-67

MORRIS R. YAFFE

Rockville

Morris R. Yaffe, elected president of the Maryland Pharmaceutical Association for 1966-67, has dedicated himself to the advancement of his profession. Most of his spare time is devoted to activities of his local, national and state pharmaceutical associations. In addition, he often takes time off from his regular schedule for Association, Board of Pharmacy and health department meetings.

A native of Baltimore, Morris R. Yaffe received his B.S. in Pharmacy from the University of Maryland in 1936. He operated a pharmacy in Bethesda for nine years. For the past nine years he has been operating his own pharmacy in Potomac, near Rockville.

He is one of the founders of the Prince Georges-Montgomery County Pharmaceutical Association and was elected its second president.

He served on Montgomery County Advisory Committee to the Health Department on Medical Care for six years and was president for two years. He represented pharmacy on the special committee on Medical Services Advisory Board to the Montgomery County Council for three years, acting as its chairman for one year.



Mr. Yaffe is currently a member of the Pharmacy Services Committee of the State Council on Medical Care of the State Health Department, to which he was appointed 5 years ago.

He was recognized by his neighbors by election as President of the Potomac Chamber of Commerce.

President Yaffe has been active on many of our Association committees and served as chairman of the Membership Committee for two years. In April 1966, he was appointed to a five-year term on the Maryland Board of Pharmacy.

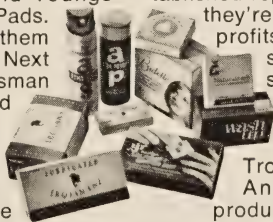
Yaffe is married and has three children, a married daughter, Leslie, a graduate of the University of Maryland, a son, Sam, majoring in psychology at the University of Maryland, and a son, Bruce, now a senior at Bethesda-Chevy Chase High School, who is planning to follow his father's footsteps.

Yaffe also has two grandchildren.



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"The Future of Pharmacy Under Medicare"

By

WILLIAM E. WOODS

Associate Washington Counsel

The National Association of Retail Druggists

Presented at the regular meeting of the Baltimore Metropolitan Pharmaceutical Association, Baltimore, Maryland, May 26, 1966.

Most of us have devoted the major share of our lives to some facet of the pharmacy profession or to the distribution of drugs. It is doubtful that any of us have ever seen so many community pharmacists, manufacturers and wholesalers as busy trying to understand a piece of federal legislation or to assess its effect on our future.

As the countdown continues and the time for the July 1 Medicare blastoff approaches, the health professions are busy assembling information, conferring with government officials and in general searching for easy ways to keep those affected informed. Believe me there are no easy ways to do any of these things.

The basic Medicare provisions as they now stand may not be remembered in historical pharmacy for the immediate increased use of drugs. But they may well go down in history for bringing the community pharmacist into closer contact with other members of health and welfare groups.

Since I have referred to the basic Medicare provisions, perhaps we should first briefly bring into clear focus the Medicare package. This will enable me to use a few shorthand terms and you to understand them. To simplify this discussion Medicare has three parts: Title 18A, Title 18B and Title 19. These are the only terms I will ask you to remember. Title 18A is the hospital insurance part and 18B is the voluntary or supplemental medical insurance plan. As you know Title 18 is a national program. Title 19 is the program that will enable states to provide expanded medical assistance programs and which will include drugs for many new recipients. Title 19 is not limited to those

over 65 but will provide medical care for the blind, aged, disabled, dependent children and all other medically indigents.

Before discussing these three parts of Medicare as they will affect the pharmacy profession it might be helpful to get some perspective of the magnitude of the Medicare program. We know that Titles 18A and B make hospital and medical care available for about 19 million people over 65. Title 19 will be of far greater and immediate importance to retail pharmacy. Today about 8 million people are eligible for public assistance medical care. However there have been predictions that Title 19 could mean state welfare medical care for 35 million people. In the state of New York it is reported that 30 percent of the population may receive some but not all of their medical care under Title 19. Two-thirds of the population in Puerto Rico and one-half of the population of Minnesota will receive some medical care under Title 19. It is interesting to note that A.M.A. refers to Title 19 as the best method of avoiding a total Medicare for all citizens.

After discussing the three parts of Medicare with federal and state government officials, pharmacy leaders, spokesmen of the health professions and many others, some impressions have been gained which will be of general interest to pharmacists. As the basic medicare and state welfare medical programs evolve there will continue to be many developments of critical concern to retail pharmacy. Here are some impressions which I believe you would want to hear about. They will be amplified later in this discussion.

1. The National Association of Retail Druggists can be of great value to its membership because of frequent conferences with government officials in Washington as the policies for new medical care programs are being formulated.

2. It is essential for retail druggists to get out of the store and talk with administrators and other personnel in small hospitals, nursing homes, welfare and health departments.

3. Pharmacists should not apologize for making a profit. To quote a prominent welfare director's advice to pharmacists "Profit is not sinful." You are entitled to a reasonable return on your investment and a fair remuneration for your services, whether the patient is a private patient, a Medicare patient or a welfare recipient.

4. As Medicare patients get more prescriptions there may be a decrease in self medication sales of over the counter items.

5. As the sands shift and welfare departments provide quality medical care for more people, many welfare recipients will be using private physicians rather than out patient clinics in charity hospitals. This will increase welfare prescriptions filled in the drug store.

6. When a hospital builds a doctors building and operates a pharmacy, it may hurt the business of nearby stores that depend primarily on prescriptions. Some of these stores may increase their "upfront" merchandise.

7. The new government medical care programs will discourage per diem charges in hospitals. This will bring to an end much of the overcharging for drugs in hospitals and is causing hospitals to search for new ways to charge for drugs. In the hospitals the new basis must be "reasonable costs" or "reasonable charges."

8. Under Medicare many small hospitals are discovering that state pharmacy laws require that drugs can be

dispensed legally only by pharmacists. Pharmacy consultants will be required if a hospital or nursing home does not have a full time pharmacist. The community pharmacists can charge for this consultation service in addition to charges for prescriptions delivered from the store.

9. Colleges of Pharmacy will find that Medicare suggests new subject matter for academic training. To mention only two items: Convalescent aids or sick room supplies and pharmacy consultant duties and responsibilities.

10. As all states eventually adopt vendor drug programs whereby community pharmacists will receive payment from the state welfare department, welfare appropriations for drugs will be of significant concern to you. Inadequate appropriations mean a more restrictive drug program and more emphasis on the so-called generic equivalents or drugs of unknown quality. Pharmacy's support of welfare departments in these areas assures better medical care for welfare recipients.

11. Some estimates that hospitals are today purchasing 35 to 50 percent of the ethical pharmaceuticals are unrealistic. The predictions that hospitals will be purchasing 75 percent within 5 or 10 years are equally unrealistic. It is questionable whether the figure today exceeds 15 to 20 percent.

With this general background information on Medicare and state welfare medical programs you can begin to assess the effect of some of these programs on you individually.

To work in the area of Medicare and welfare drug programs it has been reassuring to be associated with the first national pharmacy organization representing the owners of independent pharmacies to take positive action in this field. This action which included early conferences with H.E.W. officials was to enable N.A.R.D. to be of greatest assistance in the Medicare program to the public and to the pharmacy pro-

fession. Even prior to passage of Medicare, N.A.R.D. was the only national pharmacy organization to carry in its journal, articles on state welfare drug programs. These articles were authored by authorities in state welfare programs and were published to assist retail owners in their desire to have current information on state programs. Each month valuable new information is appearing in the Journal which will be helpful to you in understanding the new programs.

Title 18A is the basic hospital care part of Medicare. Drugs are provided only to inpatients of hospitals and nursing homes. While drugs are not provided otherwise under 18A, there are opportunities for retail drug stores which will be discussed later.

Title 18B provides medical care or physician services in the hospital, nursing home, office or home but does not cover prescribed drugs. If the law is amended to provide drugs for the aged who are not in a hospital or nursing home, 18B will be the place for such an amendment. As 18B now stands many more prescriptions will be written for the aged even though payment is not covered.

An unknown factor is whether and when Title 18B of the law will be amended to cover drugs for the aged who have not entered a hospital. We believe the proposed amendment by Congressman Boggs to provide such drug coverage would help to prevent overutilization of hospital facilities and that drugs are a necessary part of any program such as 18B which is aimed at providing medical service. One point I would like to emphasize here is that if drugs are included as they are by the Boggs amendment, we feel it is essential for the patient to have the same freedom of choice in selecting his retail pharmacy that he has in selecting his physician under 18B. The Boggs Bill provides this freedom. Such freedom would be consistent with other provisions of the law. In the belief that this

amendment would serve the best interests of the public; I am confident that N.A.R.D. will play an important role in such legislation just as they have played in all other major legislation affecting retail pharmacy for the past sixty-five years or more. The Bill resulted from meetings of the N.A.R.D. staff and Legislative committee members with Congressman Boggs who is the majority whip in the House of Representatives. He is an important member of the House Ways and Means Committee to which such legislation is referred. We hope your association will vigorously support this Bill. It is H.R. 14597.

If 18B is amended to provide drugs, the pharmacists of the future will experience a dramatic increase in prescriptions for the people covered by Medicare. The increase will pyramid as the age group eligibility is lowered. Whether and how fast Medicare benefits are expanded will certainly depend on costs under the present program, international developments and the general economy.

Naturally, one of the most frequent questions heard from retail pharmacists is what should we be doing now under 18A and B.

Under 18A only hospital patients over 65 are provided drugs. The retail pharmacist is not involved unless the hospital has no pharmacist in which case drugs may be obtained "elsewhere" from a retail drug store. About 50 percent of the hospitals do not have a pharmacist and the patients are allowed freedom in obtaining drugs from a store of their choice. Social Security certainly has no objection to the patients making this choice but Social Security will be paying only the hospital. The retailer is not a "provider" in the law. The hospital is a provider. The intermediary insurance company will pay the hospital and the hospital will pay the retailer when he delivers drugs to the hospital or to a hospital patient. This situation is restricted to hospitals without a pharmacist.

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Under 18A Medicare patients are also entitled to care in a nursing home after January 1, 1967. Since many of the nursing homes do not have pharmacists, drugs will usually be obtained from a retail pharmacy. Payment will be made as described above in small hospitals. If the nursing home has a pharmacy, drugs will be dispensed as they are in a hospital with a pharmacy.

Some retail pharmacists will be more interested in this business than others but the pharmacist who offers advisory and consulting service to a nursing home is probably going to get prescriptions for those patients who don't care which store provides their drugs. In some instances a committee of pharmacists from several stores may be offering consulting services to a nursing home. In any event, the opportunities for the retail pharmacist appear far greater in nursing homes than in hospitals. This is true now and will probably remain true under Medicare because fewer nursing homes have pharmacists. Retail pharmacists should be working with administrators of both groups to assure patients a freedom of choice when their prescriptions are involved.

Copies of the regulations regarding hospitals and nursing homes are available from Social Security. These regulations were issued in separate booklets: One on "Conditions of Participation for Hospitals" and the other "Conditions of Participation for Extended Care Facilities".

The booklet on Hospitals, has a section on "Pharmacy or Drug Room". The booklet on Nursing Homes or Extended Care Facilities, has a section on "Pharmaceutical Services". These pharmacy sections in both booklets have been printed in the N.A.R.D. Journal. All pharmacists working with hospitals or nursing homes should be familiar with these two sets of regulations which are available from your nearest Social Security office. It would be wise to dis-

cuss the pharmacy services required in these institutions under Medicare regulations so that the administrators will have a better understanding of state pharmacy laws, a better appreciation for quality pharmaceutical services and a greater respect for the knowledge and skills of the community pharmacists.

Now what are the surgical and medical supplies covered by 18B which are of interest to the retail drug store? First, the items must be ordered by the physician and will many times be related to the Home Health Service visits by a visiting nurse or public health nursing agency. These agencies may be either public or private. 100 visits are provided under 18A and 18B. In other instances the supplies may be ordered by a physician under 18B for a Medicare patient who is not getting home health care. Regulations were released on Conditions of Participation For Home Health Agencies.

The Home Health Care Service will provide medical supplies except drugs and biologicals. Most of the supplies will be in the sick room supply or convalescent aid category and the pharmacy will bill the home health agency. This part of the program will surely increase the demand for these items, but not all stores will be interested, nor is the market going to be great enough to warrant all stores buying them in large quantities. A store owner should talk to the home health agencies in his city and ascertain the possibilities. In any event, this will be new business as compared with nursing home prescriptions which are not new business to the store. Actually many of the medical supply items are not new to you for they have been traditional items in a drug store. However each of you should look into convalescent aids and sick room supplies. This is an expanding opportunity even without Medicare.

18B will provide surgical dressings, splints, braces and a rental of medical equipment. Apparently the patient need

not be receiving home health care to receive these items. Store owners should find out whether these items are available in their city. Some stores may work out a rental program on some of these items. If a wholesaler is in the medical supply business and knows how to promote these items he can be helpful to the retail pharmacy.

The new regulations on Home Health Agencies include the following statement:

"Medical Supplies and Appliances.

Medical supplies include such items as: gauze, cotton, band aids, surgical dressings, catheters, surgical gloves, rubbing alcohol, irrigating solutions, intravenous fluids, and oxygen.

"Medical appliances are items owned or rented by the home health agency and required by the patient to facilitate his treatment and rehabilitation. Medical appliances include such items as bedpans, wheelchairs, crutches, hospital beds, trapeze bars, oxygen tents, intermittent positive pressure machines, and air pressure mattresses."

The items quoted are examples only. Many others well known to you will be covered.

There are other details on Home Health Care Services including reimbursement plans that I will not take the time now to cover. The March 21 issue of the N.A.R.D. Journal carries the first explanation on this program to be found in any journal of a national pharmacy association. The article discusses reimbursement and points out that many local groups such as fire departments, Red Cross, etc., may have some of these items for loan under a "loan closet" arrangement. In many cities the retail pharmacy may be renting the items or even selling them to agencies who do rent or loan them. An article on these subjects by Dr. Clare Ryder, chief of the Home Health and Related Service Branch of the Division of Medical Care Administration, P.H.S. appeared in the N.A.R.D. Journal. We are making an aggressive effort to ob-

tain the latest information available on this and all other aspects of Medicare so that we can keep our members informed.

The Home Health Services represent clear opportunities for retail pharmacy and the wholesaler to prepare immediately to meet the community needs immediately, economically, and efficiently. If you wait, you may not like what you see. If we don't provide the service, someone else is going to do it for us.

I have mentioned three sets of regulations that have been issued: Those for Hospitals, for Nursing Homes and those for Home Health Agencies. The regulations for Independent Laboratories have also been released as have the regulations and reference guides for reimbursement for physicians, and the regulations on reimbursement for Hospitals, Extended Care Facilities or Home Health Agencies.

As a public service, The National Association Of Retail Druggists in cooperation with the Social Security Administration engaged in a mammoth undertaking which will enable the N.A.R.D. member stores to serve as Medicare Information Centers. Copies of a special brochure, "The Pharmacist Speaks To His Customers About Medicare", are being distributed to our members throughout the country. It enables pharmacists to provide their customers valuable information about Medicare. This public information project is an unprecedented opportunity for pharmacists. The response and orders for the brochure from our members has been so exciting and overwhelming that Social Security in the first week had to reprint 5 million additional copies of the brochure. In the N.A.R.D. Journal a Medicare information chart appeared which should enable a pharmacist to answer most of Medicare questions.

In this project N.A.R.D. is leading the way again so that the independent retail pharmacists can play an important health information role. If they

want to participate in this information project the opportunity is available to them. Twelve million customers pass through N.A.R.D.'s 40,000 stores every day.

Earlier I mentioned that Title 19 which covers state medical assistance programs is a part of the Medicare package. It has been referred to as the "sleeper" or "iceberg" and as being a real "whopper". For the time being there is no question about its importance to pharmacy. Here lies your greatest stake and opportunity in government drug programs rather than in the basic Medicare programs of Title 18A and B. Welfare patients are demanding medical care today as a matter of right and not simply as a hope of charity.

Today almost \$200 million dollars are spent in retail drug stores annually by state welfare departments. All states do not currently provide drugs for all categories of public assistance recipients—aged, blind, disabled and needy children. Title 19 will give states a financial incentive to provide the same type of medical assistance for all categories. At least two of the larger states have estimated that Title 19 will double its welfare drug expenditures.

Keep in mind that even today before the expanded programs go into effect many stores are receiving around \$10,000 annually for prescriptions delivered to welfare recipients. In the small state of Rhode Island last year three stores received over \$35,000. As the medically indigent category is implemented, many stores will find their private patients of today getting drugs under welfare programs. If we project some of the predictions we may find 20 to 30 percent of the 225 million people in 1975 receiving welfare medical care and welfare drugs from retail pharmacies. This could happen without any changes in the Medicare law.

In discussion with H.E.W. officials, I have been impressed with their sincere desire to provide quality medical care to their recipients.

The new Title 19 program provides enough money for the welfare recipient to be treated like other patients and the officials don't expect to pay quality prices for second class care. This is important to retail pharmacy because it means the welfare recipient can continue getting his drugs from the drug store of his choice and in his neighborhood. Unless there are changes in plans these patients will not be required to get their drugs "across town" or on a "Wait until Monday basis", from a government dispensary or a charity hospital out patient clinic. Title 19 may increase the retailers share of the ethical market because the recipients can now see a private physician rather than use a charity clinic at the hospital. In this way they will be getting drugs from their neighborhood store rather than the hospital.

Naturally the drug policies or regulations of the state welfare department are important to the retailer.

One of the characteristics of these state programs for the future will be pharmacy consultants and advisory committees at the state level. Many local welfare departments will make similar arrangements. These appointments are important because the drug policies in a state may depend on the effectiveness of these pharmacy representatives.

Welfare drug expenditures through retail stores are running about 10 percent of total welfare medical expenditures but only about three percent of the total welfare budget of \$5 billion. The publicity about welfare drug costs is certainly out of proportion to the small part drug expenditures represent in total welfare costs. This three percent even includes the drugs supplied by the retailer to many welfare patients in nursing homes.

As the adoption and implementation of 19 takes place, N.A.R.D. is constantly receiving calls for assistance and counsel from our members, state associations and many others. New drug policies are being proposed and old ones

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modified and reshaped. Among national pharmacy associations representing independent retail pharmacies, the N.A.R.D. has the most comprehensive information and extensive experience about welfare drug programs. We are seeking more information and are dedicated to keeping our members informed and to assisting welfare officials wherever possible.

An extremely interesting discussion of Title 19 by Mr. Fred Steininger, Director of The Bureau of Family Services, Welfare Administration, H.E.W. is appearing in the April 18 issue of the N.A.R.D. Journal. It will provide other useful information and reflects N.A.R.D.'s cooperation with H.E.W. officials. He will be responsible for administering Title 19.

From this discussion it is obvious why N.A.R.D. is placing so much emphasis on welfare-Medicare programs. They are important to the retail pharmacist now and they will be increasingly more important in the future.

The retail pharmacist's future is good. Under Title 19 I am confident he is going to continue dispensing the major share of these welfare prescriptions because the welfare patient will be free to choose his pharmacist like any other patient. Under Title 19 welfare prescriptions may far exceed \$500 million dollars before 1975.

Under 18B drugs may be included much sooner than some people think because drugs are too important to the aged who will be getting physicians' services but no drugs. Most of these prescriptions when they are included will be filled in retail drug stores.

I realize that hospital drug purchases will certainly increase under the new expanding programs, but so will drug and medical supply purchases in retail stores. The independent retail drug store is here to stay and to grow in im-

portance because of the vital professional service it renders and the convenience it affords the American public.

We recognize that Medicare is the law of the land. While it may be amended, it will not be repealed. Our objective for the future is to preserve the patient's freedom to choose his drug store, to assist our members in their desire to be centers for health and Medicare information, and to vigorously protect the independent retail druggist as he serves the pharmaceutical needs of the American public in an honest and professional manner by providing quality drugs where and when needed.



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Pharmacy Changes

The following are changes in pharmacies which occurred during the month of July, 1966:

Change Of Ownership, Address, Etc.

Adelphi Terrace Pharmacy, M. J. Solod & G. Dechter, Props., 9107 Riggs Road, Adelphi, Maryland 20780. (Changed from individual ownership to partnership).

Richardson's Pharmacy, Inc., John T. Deems, Pres., 1 N. Main St., Bel Air, Maryland. (Formerly, Geneva D. Richardson, Pres.)

No Longer Operating As Pharmacies

Lambrecht's Pharmacy, Frederick A. Lambrecht, Prop., 3812 Eastern Avenue, Baltimore, Maryland 21224.

Lyndale Pharmacy, Ida H. Glorioso, Prop., 3556 Lyndale Avenue, Baltimore, Maryland 21213.

Owings Mills Drug, Inc., Philip Vodenos, Pres., 11000 Reisterstown Road, Owings Mills, Maryland.

Shure's Drug Stores, Bernard G. Shure, Pres., 5301 York Road, Baltimore, Maryland 21212.

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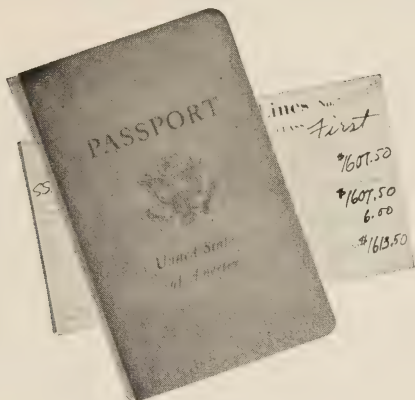
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Melvin J. Sollod, President (left), and Paul Reznek, Secretary, shown at the Prince Georges-Montgomery County Pharmaceutical Association information center. Members may call to hear recorded messages of pharmaceutical importance. This is the second association in the nation to offer this service.

Gordon Mouat Attends NARD Medicare Meeting

Gordon A. Mouat, pharmacist member of the State Council on Medical Care, was appointed to the Medicare and Welfare Committee of the National Association of Retail Druggists. He attended a two-day meeting July 20-21 in Washington held with top-level officials of the

Department of Health, Education and Welfare.

The committee heard Under Secretary of HEW Wilbur J. Cohen and officials of the Bureau of Family Services and the Social Security Administration.

Medicare and Title XIX of the Social Security Amendments were reviewed. Nursing home provisions and pharmaceutical services were also discussed.

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Richard P. Penna Named APhA Division Director

William S. Apple, Ph.D., Executive Director of the American Pharmaceutical Association, announced the appointment of Richard P. Penna as Director of the APhA Division of Pharmaceutical Services.

Dr. Penna, 30, of Redwood City, California, assumed his APhA duties July 1. He served as Assistant Clinical Professor of Pharmacy at the School of Pharmacy, University of California, San Francisco Medical Center, and is a community practitioner of pharmacy in Redwood City.

A native of Redwood City, Dr. Penna received his Bachelor of Science degree in Pharmacy from the University of California School of Pharmacy in 1958 and his Doctor of Pharmacy degree in 1959. Upon graduation he began his practice at Ryan Pharmacy in Redwood City, and in 1961, he was appointed Assistant Clinical Professor of Pharmacy at the University a post which calls for a community practitioner to teach dispensing pharmacy courses on a half-time schedule.

Dr. Penna was one of the organizers and first President of the Peninsula Pharmaceutical Society and Editor of its *Bulletin* for four years. He helped to organize and serves as first President of the San Mateo County Pharmaceutical Association. He is a member of the Continuing Education Committee of the California Pharmaceutical Association, and Pharmaceutical Editor of *California Pharmacy*, which carries his monthly column, "Secundum Artum".

He first joined the APhA in 1955 and has served the Association in several capacities, including membership on the APhA Committee on Public Relations and contributor to the *Journal of the American Pharmaceutical Association*. He is a community pharmacist member of the Reference Panel of the American Hospital Formulary Service of the

American Society of Hospital Pharmacists.

Active in continuing education, Dr. Penna has lectured throughout California and in Hawaii. He has participated in annual meeting programs of the APhA and the American College of Apothecaries. A Fellow of the ACA, he is a member of the ACA Program Committee.

In addition to membership in the above organizations, Dr. Penna is a member of the American Chemical Society and the American Association for the Advancement of Science.

John T. Fay, Jr., Director of the APhA Division of Pharmaceutical Services the past two years, has been appointed Director of Professional Relations at McKesson & Robbins, Incorporated, effective July 1. In his new post, Mr. Fay will be responsible for professional relations with pharmacy societies, pharmaceutical suppliers, colleges of pharmacy and governmental authorities at federal, state and local levels.

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Maryland Pharmaceutical Association Officers 1966-67



Courtesy Paramount Photo Service

Left to right. Nathan I. Gruz, Executive Secretary; Morris Lindenbaum, Treasurer; Alexander J. Ogrinz, Jr., Chairman of the Executive Committee; Morris R. Yaffe, President; Milton A. Friedman, First Vice-President; Stephen J. Provenza, Second Vice President; Samuel Wertheimer, Third Vice President; I. Earl Kerpelman, Fourth Vice President.



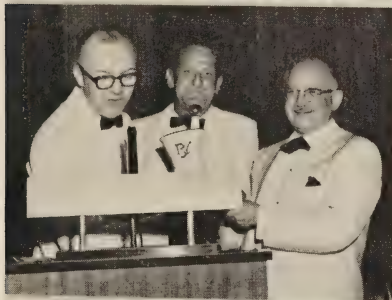
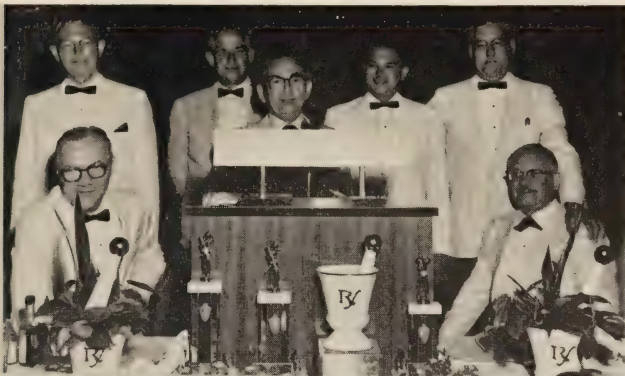
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Maryland Pharmaceutical Association In Action



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TOP—Standing, TAMPA Officers (left to right): President-Elect Frederick H. Plate; 1st Vice President William A. Pokorny; President Herman J. Bloom; Second Vice President Howard L. Dickson; Asst. Secty.-Treas. H. Sheeler Read. Seated: MPA President Alexander J. Ogrinz, Jr. and President-Elect Morris R. Yaffe. CENTER LEFT: Convention Athletic Chairman Bernie Ulman (center) presents award to MPA Pill Rollers for defeating TAMPA Pill Pushers in soft ball. CENTER RIGHT—Loewy Drug President Philip Levin presents gavel to President Yaffe. BOTTOM—Bernie Ulman presents golf awards.



TOP—LAMPA President Mrs. Milton (Sadye) Friedman at Annual Banquet. MPA President Ogrinz and President Elect Yaffe approve. CENTER—Left: President Ogrinz presents gavel as he installs President-Elect Yaffe. Right: TAMPA President Herman J. Bloom addresses banquet audience. BOTTOM—LAMPA officers are installed by President Sadye Friedman.



Courtesy Paramount Photo Service

TOP TO BOTTOM—Left to right. Convention reports by: Morton J. Schnaper, Samuel Wertheimer, Simon Solomon, Milton A. Friedman, Frank Balassone, Irving I. Cohen, Donald O. Fedder, Stephen J. Provenza, Norman J. Levin, Jerome Mask, Paul Reznick, Charles E. Spigelmire.



Top Row Left: Panelists: Moderator Dean E. Leavitt, Charles A. Schreiber, Emmanuel Fiel and Mary Lou Anderson. Right: Donald E. Olsen, McKesson Robbins. SECOND ROW: Left: Dr. Harvey Vandegrift, Medical Care Administration. Right: Stephen P. Burke, Roche Labs. BOTTOM ROW—Left: Leroy O. Dawson, Eli Lilly & Co. Right: Paul A. Pumpian, FDA Bureau of Drug Abuse Control.

TAMPA CARNIVAL NIGHT



Courtesy Paramount Photo Service

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Volume 24

JULY 1966

No. 9

Election of Officers

The following officers and directors of tampa were elected at TAMPA's 50th Annual Meeting held at the Maryland Pharmaceutical Convention in Tamiment on June 30, 1966. Installation of officers and directors is conducted each year at the September meeting.

Officers

Honorary President—C. Wilson Spilker
President—Frederick H. Plate
First Vice President—William A. Pokorny
Second Vice President—Howard L. Dickson

Third Vice President—Robert Williams
Secretary & Treasurer—John A. Crozier
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Chairman—Herman Bloom

For One Year: Leo (Doc) Kallejian,
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The firms and others listed below have contributed cash and merchandise to the 84th Annual Convention of the Maryland Pharmaceutical Association held at Tamiment-In-The-Poconos, Tamiment, Pa., June 27, 28, 29, 30, 1966. The cash contributions were used to provide the entertainment features of the Convention and the merchandise was distributed as prizes at the meetings and various functions of the Convention. Both played an important role in the outstanding success of the Convention. It is with grateful appreciation the Association acknowledges their generous contributions.

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ONE FOR THE SCRAPBOOK

New Pharmaceutical Center Design, Medication Preparation Unit for Pharmacies, A Drug & Medication Room for Nursing Homes

At the American Pharmaceutical Association's 1966 Annual Meeting, held in Dallas, Texas, McKesson & Robbins previewed three important new designs in facilities for serving the nation's health care needs. Hundreds of pharmacists visited a new McKesson-designed Pharmaceutical Center, which was based on the 1965 prototype developed jointly by APhA and McKesson & Robbins, but rendered in an attractive Spanish or Mediterranean decor and including new features such as a Home Comfort Aids display area and fitting room. Three Pharmaceutical Center designs were made available last year by McKesson—in Early American, French Provincial and Modern decors.

On display with the new Pharmaceutical Center, an Extended Care Facilities Medication Preparation Unit was previewed for pharmacists who may be interested in expanding their services to nursing homes in their communities. This unit was developed by McKesson following a comprehensive study of nursing homes and pharmacies presently serving nursing homes. It is fully equipped to meet the proposed standards for drug control and security under the Medicare Program. The McKesson ECF Medi-Prep Unit is designed for installation in any type of pharmacy serving four or more nursing homes.

A third new unit introduced by McKesson at the APhA Annual Meeting is a newly-designed Drug & Medication Storage Room for a typical nursing home. This unit features McKesson's Redi-Med drug security and control equipment. It conforms to the proposed standards of pharmaceutical service to be observed by Extended Care Facilities under the Medicare Program.

In his talk before the APhA Annual Meeting on April 25, the McKesson's president, Henry H. Henley, outlined his company's plans for assisting pharmacists to participate advantageously in the better health care boom that the Medicare legislation has created. Mr. Henley said, "We realize that not all community pharmacists will practice in Pharmaceutical Centers, nor will all of them in nursing home service require the Extended Care Facility Service Program shown today, but every pharmacist should examine his own local opportunities for providing the type of pharmaceutical service that will be required under Medicare. The pharmacist who faces up to the growing need for new dimensions in pharmaceutical service and finds his role in creating better ways to serve the public and the patient—that pharmacist will grow and prosper."

—O—

"Outpatient" Commission Report Available

The report of the Commission on Pharmaceutical Services to Ambulant Patients by Hospitals and Related Facilities, representing the work of a Commission formed by the American Pharmaceutical Association and the American Society of Hospital Pharmacists, is now available in printed form. The Commission included representatives of the American Hospital Association and the American Medical Association as well as the pharmacy profession.

Entitled "The Challenge to Pharmacy in Times of Change", the 80-page report, authored by Donald C. Brodie, Ph.D., who served until recently as Research Consultant to the Commission, includes background information and the results of a survey of pharmaceutical service to private patients of physicians whose offices are in or near a hospital. The report will be of interest to pharmacy practitioners, edu-

cators, pharmaceutical manufacturers and pharmaceutical, hospital and medical associations.

Copies of "The Challenge to Pharmacy in Times of Change" are available at \$2.50 each from Order Desk, APhA, 2215 Constitution Avenue, N.W., Washington, D.C. 20037. Payment must accompany orders under \$10.00.

—O—

Epilepsy Foundation Warns on So-Called "Cure"

The Epilepsy Foundation in Washington, D.C. has issued a statement cautioning the general public that recent reports of a complete "cure" for epilepsy were misleading. The rumors were in response to a paper read at an international symposium on biochemistry and therapeutics in New York City in which a Dr. Takashi Hayashi of Tokyo, Japan stated that injection of a certain

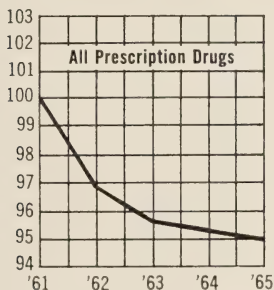
amino acid along with homocarnosine cured completely 84 percent of the epilepsy cases he had treated.

A Foundation spokesman said that while Dr. Hayashi's paper was interesting, a "lack of controls minimizes the value of the reported results." Also Dr. Hayashi's report lacked information concerning the incidence of seizures, the clinical pattern and the etiological factors; nor did it mention duration of the treatment.

The spokesman said, however, that previous workers have reported some success in controlling seizures with a similar compound known as GABA (gamma aminobutyric acid). He also pointed out that because in more than half of all cases of epilepsy the cause of the disorder is unknown, that "... we cannot speak of a cure ... but only of control of the symptoms."

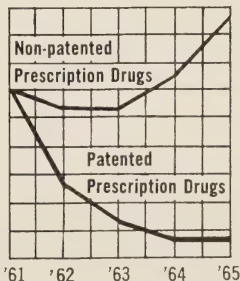
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Producers' Prescription Drug Prices Decline



Source:

U. S. Bureau of Labor Statistics



Source:

Pharmaceutical Manufacturers Assn.

While prices in general continue to rise, drug price levels have declined significantly. The wholesale price level of "all prescription drugs" has declined 5 percent since 1961. Even more dramatic is the downward trend of **patented** prescription drugs. These have declined 5.3 percent during the same period compared with an **increase** of 2.5 percent for those which are not patented.

Renaissance or Revolution

WILLIAM J. PEEPLES, M.D., M.P.H.
Maryland State Commissioner of Health

Address to graduating class, University of Maryland, School of Pharmacy, on Honors Day, June 1, 1966.

Last year the Congress, sparked by President Johnson's leadership, generated a veritable tidal wave of health legislation. This was the greatest single thrust forward of this nature ever produced in a comparable period of time.

The Social Security amendments of 1965 are extremely significant in that they bring medical care which has not been previously available to the masses, to large numbers of aged individuals, and those who have not received medical services in the past because of inability to purchase such care. The legislation implied in Titles XVIII and XIX of these far-reaching Social Security amendments constitute the most significant medical and public health legislation ever passed in this country. In addition, the amendments dealing with legislation pertaining to heart disease, cancer and stroke are significant in that they are based on the concept of regionalization—a very special kind of regionalization. One of the tragedies of the contemporary medical scene has been the duplication in some areas of complex, expensive diagnostic and treatment capabilities whereas in others there is a total absence of these capabilities. Costly equipment and teams of highly skilled people have been standing idle for lack of demand while elsewhere people are dying for want of their services. The Regional Medical Program concept is intended to remedy this type of situation by creating centers of excellence with medical schools as their central focus along with teaching hospitals and other specialized facilities.

Other legislation enacted dealt with new patterns of action and new alignments of force which are now in effect for dealing with water pollution, air

pollution, and the disposal of solid waste. These new laws coupled with other measures designed to enhance the natural and cultural resources of the nation add up to a firm national declaration that the quality of living is as important as the length of life, and this quality of living as a self-respecting, self-sufficient part of our complex life is a matter of major concern for you and a principal reason for your professional existence.

Legislation was also passed in 1965 which moves into the field of educational preparation of physicians, dentists, all types of public health specialists and other professionals. This legislation was known as the Health Professions Educational Assistance Act. Further legislation dealt with the creation and staffing of community mental health centers. In 1963 legislation was passed which created a premise for federal participation in establishing mental health centers, but only in 1965 were funds added to provide staffing for these centers. As President Johnson had said in his 1965 Health Message, "facilities alone do not assure services." The Congress then provided, in the new law, the broadened base of assistance for staffing.

In addition, the Congress also passed legislation which deals with the health of a certain region of this nation known as Appalachia, consisting of mountainous areas in twelve different states on the eastern seaboard where poverty is the outstanding characteristic of the area provided for. This law has in its concept a regional approach to providing better highways, better medical care, better sewerage disposal facilities and other improvements to rehabilitate this area into a self-sustaining section of the nation. All told, some seventeen major

pieces of health legislation were passed by the Congress during 1965.

This leads me to express to you a favorite quotation from Dr. Lawrence Newell, President of Harvard University, which says—"It is hardly an exaggeration to summarize the history of the last four hundred years by saying that the leading idea of the conquering nation in relation to the conqueror was in 1600 to change its religion—in 1700 to change its laws—in 1800 to change its trade—and in 1900 to improve its health." Will this period in history be known as the Renaissance or the Revolution in medical care?

Historians habitually break history into ages or periods—the Homeric Age, the Middle Ages and the Renaissance. The important development called the Renaissance actually began in Italy in the waning years of the Middle Ages about 1300 A.D. Ciotto, the most revolutionary painter of his day, was 33 years old, and Dante, the author of the *Divine Comedy*, was 35. By the middle of the fourteenth century the Renaissance had become a distinct and recognizable cultural movement. Over the course of the next 200 years, until the sack of Rome by the soldiers of Charles V, ruler of the Germanic empire beyond the Alps, the world as Dante and Ciotto saw it was transformed. Men were treated not as generalizations of themselves but as individual beings and interested in things for their own sake. Besides the advancement of art, sculpture, architecture, and a concept known as humanism, one of the most important advancements of the Renaissance was the making of knowledge of classical literature the mark of an educated gentleman. The Renaissance established a kind of international culture of the lay character outside of, independent of, and often hostile to the Church. The Renaissance centered its interest in the experiences, nature, and culture of the individual man. Its scientific activity operated in philosophy, ethics, biography, psychology, government, and history. One of the

most significant aspects of the Renaissance was recently depicted in a television documentary about Galileo. Galileo developed the theory that the earth rotated around the sun. This was in diametric opposition to the ancient theory of that time that the sun revolved around the earth. The Church actually blocked Galileo's hypothesis from being distributed and read because it would cause people of that day and time to *think*. Since the Church had gone along with the ancient theory, it was apparent that it did not want people to have thoughts and ideas of their own which might be in competition with the doctrines of the Church.

From Italy the Renaissance spread, partly as the result of the Italian wars, to France, Spain, Germany, the low countries, England and the rest of Europe. This escape from what the Italians termed the "Dark Ages" resulted in man's enlightened desire to learn and most of all to think as an individual.

We are now facing a revolution in Medical Care. Whether this revolution will be known as a renaissance, it is only for later historians to decide. The pressures of change demand that we must plan for the revolution in medical care that is before us. We cannot add a little here and a little there and believe that the gap will be closed. Our knowledge, skills, facilities, services and professional educational programs must be re-examined in the light of high professional standards of medical care and then welded into a more efficient system. The weapons of the last war will not suffice to meet the new challenges and enemies of today. We must look, therefore, into the future to determine what weapons we must forge.

The fact of rapid change must not dismay us. It will provide unparalleled opportunities to bring the fruits of medical science into practical application. On the other hand, it may also permit great boondoggling mistakes that could set us back for decades. Future

plans must be based on more than a strong emotional urge to get rid of the killers of mankind. Boldness must be tempered by precise planning of carefully designed experiments, although we must not use thoughtfulness as an excuse for inaction.

The public will ultimately decide what will or will not be done to close the gaps. They will be forced to do so by the pressure of events. It is our responsibility as professionals to present them with soundly based alternatives so that they may choose wisely. Scientists must examine existing knowledge and when possible design experiments to fill major gaps, evaluating skills and resources critically to decide how they may most effectively be used and supplemented. We cannot avoid professional responsibilities to guide representatives of the public as they attempt to meet the emergencies created by the many pressures which will infringe on all of us in the near future.

These pressures are well known to all of you. Foremost among them is a population which is rapidly increasing, particularly at the extremes of life where medical care is needed most. This simultaneous aging and what might be called "younging" of the population results from erasing untimely death and from our relatively high birth rate. We are actually faced with an infant mortality rate higher than it should be on the one hand, and a burgeoning complex of chronic illness on the other.

In this country we have developed a habit of believing that there is no problem that a billion dollars or so will not solve, or at least make a healthy dent in it. Herman Biggs, the Commissioner of Health of New York State in 1914, stated, "Public health is purchasable; within natural limitations, any community can determine its own death rate." A billion dollars or two will make a difference. This I am prepared to agree upon, but my point is—given the country and its resources, the major problems lie outside of merely "more

money." Rising costs of hospital care and medical care in general have been taking place at a startling rapid rate. These are symptoms of the developments which are taking place and the fundamentals are rigidly in need of attention. We are faced with the problem of providing more and better quality medical care virtually for hundreds of thousands of Americans with the same or lesser input. So, it is not merely another billion dollars. The challenge must effect changes in the way we practice medicine if we are likely to alter significantly the provision of medical care to these increasing numbers with constraints on cost and the essential of high quality over the next decade.

There are many things to be considered in properly assessing our facilities—hospital care, pre-admission examinations, ambulatory care, self-care, home-care, the improved management of hospital programs, the locations of hospitals and other medical care facilities and the rising cost of care. At the 1965 health conference of the New York Academy of Medicine, it was stated, "It is reasonable to say that in the coming decades the changes in the organization and financing of health care will exceed in magnitude and scope those that occurred during the last half century."

One of the greatest concerns in the provision of medical care in this country is that of providing medical care of high quality. As I mentioned earlier, there are areas in this country in which little or no medical care is available. In other areas of the country a very high quality, specialized type of medical care is available. We have areas within Maryland where there are no practicing physicians for fifteen to thirty miles. We have areas in this State where there are no hospitals and no arrangements to transport patients in need of medical care to hospitals 10 to 25 miles away. As Professor J. T. Dunlop, Professor of Economics of Harvard University stated, "We have no trouble at all in getting our doctor of



philosophy graduates to take positions with major universities on the West Coast and on the East Coast. We have great difficulty, however, in persuading them or interesting them at all in taking positions where economic instruction is poor, in a number of smaller colleges and in regions of the country where they seem to have no interest in going."

This is equally true in the field of medicine. It is most difficult to encourage physicians, pharmacists, and other paramedical personnel to practice in areas that are essentially rural, where the greater percentage of the population have exceedingly low incomes. This is a subject to which the Maryland Legislature has devoted considerable time and interest and is the subject of continuing discussions between the two medical schools, the Medical and Chirurgial Faculty, and other professional school representatives in the State along with the State Health Department. The question is: How can we devise ways of improving the distribution of medical manpower throughout the State? All areas of this State obviously cannot have the type of medical care which is afforded at the University of Maryland and at Johns Hopkins University. There must be basic medical care programs available, however, to all so that an individual who is sick can readily travel to a physician within a few miles or a few minutes time and be seen, diagnosed, and if necessary sent on to more specialized types of care which he needs. Internal machinery must be established within the medical industry in cooperation with government, State, Federal, and local, by which the quality of medical care can be brought specifically and objectively more into the open. Boards of Review of various kinds and a greater participating role for medical and other professional schools in the certification of quality are a means to secure a more objective measure of this quality. This may cause some outcry, I am sure, but we need to recognize that all medical

care will not be top quality, but that objective measures of quality grades can be and need to be established. The present medical industry must relax its rigidity and its lack of flexibility in the face of new opportunities and new problems.

One of the paramount problems that faces us over the next decade is not money or funds, but *manpower* to provide the medical services which are necessary to the population of this country. Professionals involved in their own pursuits may often forget that even today when the structure of the family is changing, it would never be feasible at going commercial rates to find enough money or personnel to provide all of the personal health services that family members are able to give one another. Parents nurse their children, prescribe for them, and work to keep them well. Adults in the family take care of one another and as everyone in the family grows older, the children provide health care for their parents. This is not always the case, but in general it keeps us from building more and more chronic institutions, nursing homes, and extended care facilities. Given more health education, more families can provide more and better health care in the home. Once an American leaves his home to search additional health care, he can be hornswoggled, confused and mislead as he makes his choice. There are many opportunities for self-medication presented to him through every sort of communications media. He can take himself to any one of a number of physicians, health agencies, community services, pharmacists, optometrists, podiatrists, or other licensed practitioners. He may take himself, as many do, to a cultist or quack. I believe that the individual should start with a personal physician. This physician of choice should provide comprehensive health care, but to do so he must call on the services of many allied or helping personnel. Many such personnel are skilled professionals in their own right and under the physician's

direction are competent to provide certain aspects of health care. This brings up the necessity of proper utilization of the various kinds of health personnel, so that each helping person gives as much help as he is competent to give, and does not waste time performing tasks that can be done as well or better by others. It is a waste of health personnel in scarce supply if any task is performed below the level for which they are trained when there are others available to do such work. We must take steps to increase the efficiency and use of manpower, based on careful thought, research and demonstration, for example, dental hygienists and other assistants with broader functions should become a regular part of all dental practice. Aides of various kinds, nursing, therapy, laboratory, pharmaceutical, clerical and others should be developed and used to relieve more highly skilled personnel of routine tasks. Homemakers should be trained and assigned to enlarge the effectiveness of visiting nurse services in home care programs. Funds should be provided by both voluntary and official health agencies to test appropriate patterns for the improved use of volunteers.

These observations are made in the light of personnel changes over the past sixty years. In 1900 for every 100 physicians there were 60 health professionals trained in other fields including 24 dentists, 1 registered nurse, and 35 pharmacists. By 1960 the relative numbers of health professionals other than physicians had increased so that for every 100 physicians there were 371 other professionally trained health personnel. First, they are supporting to the physician and allow him to treat more patients, and secondly, they increase health care efficiency because of their specialized professional competency. The physician cannot do the job of treating patients all alone any more, and the use of other personnel in the most efficient way possible is something that will have to be

continuously studied over the next several years in order to produce the quantities and quality medical care that are necessary.

Unless the manpower problem can be solved, this revolution which we have been discussing may become a "shoot ing" type of rebellion. We are faced with the problem of providing more medical care to more people than ever before with no more appreciable numbers of all the other personnel which I have previously outlined. There is no apparent possibility of any great increases in the production and education of these personnel over the next several years.

You have been provided a course in this University for the past five years which has taught you professional skills, through learning of chemistry, pharmacology, physiology, toxicology, the mathematics and other sciences. You have been taught to think and act in a manner commensurate with that of standards which have been developed for pharmacists. In future years, you will practice these skills which you have learned in this School. I urge you, however, to expand your interests into the community, to participate in community affairs and become a part of them, whether they be in the field of health or other interests. Beyond all, I urge you to *think*—to think with an open mind, to think about the problems which are impinging upon this nation, both from within and from without. In order to provide the leadership which is now necessary to overcome the obstacles which will face us now and in the future, independent thinking, one of the key notes of the Renaissance, is a must.

In this day and time, the patterns and speed of carrying on everyday living is so rapid with so many different forces tugging in one direction and then the other, that independent thinking is most hard to come by. We are accustomed to having things in packages or prepackages thrust at us. I would say to you that this is fine as far as the grocery

store is concerned, but not with thinking. Independent thinking is an asset which must be cultured, developed, and hung onto tenaciously, if you as citizens in your community are to exert the type of leadership for which you have been trained.

One of the processes needed to prevent the rebellion which may be before us from becoming a "red" revolution is planning. Last summer while New Yorkers were watching their emptying reservoirs and hoping for rain, Californians were busy building an aqueduct that would carry water some 440 miles from the Sacramento River near Sacramento to Los Angeles and other cities in the southern part of the State. This foresight was a result of planning, so that people in Southern California were watering their lawns and filling their swimming pools without restriction, while in New York and New Jersey lawns were dying and pools stood empty. One had to ask for a glass of drinking water when he went into a restaurant. In the water-rich Middle Atlantic States, water shortages are therefore largely the result of delayed action, failure of management, and failures to plan, sometimes exacerbated by political jockeying.

In order to provide the types of medical care in the quantities which are needed, we of the medical professions must determine the needs in concert with others who have similar or tangential interests. When this is done we should look to our resources in terms of the problems with the highest priority and of those requirements which can best be met by others. We must not only think of those things which are important to personal health care and the medical care which is involved, but also to control our environment from air pollution, water pollution, and the other detrimental environmental conditions which spring up. Proper planning, with cause and effect relationships being understood, are equally important to personal health care. Planning must take

place not only at the national level, but at the State, local and regional level. Research should be emphasized concurrently in the study of operational and enforcement activities.

As P. B. Medawar of the University College of London said, "we are not yet qualified to prescribe for the medical welfare of our grandchildren. I should say that present skills are sufficient for present ills." Our skills must extend, I believe, beyond this point, so that we can effectively plan for what is to come over the next decade. I am more in agreement with a quotation from Rene' Dubos, who said, "Threats to health are inescapable accompaniments of life." Any change in the environment demands new adaptive reaction and disease is a consequence of inadequacies in adaptive responses, but unless men become robots their behavior with the environment fully controllable and predictable, no formula can ever give them permanently the health and happiness symbolized by the "contented cow." Physicians and public health officials like soldiers are always equipped to fight the last war. I suggest that we need contingent structural rearrangements if we are to be equipped to fight the war for improved medical care in the decade ahead.

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The following officers of LAMPA—the Ladies Auxiliary of the Maryland Pharmaceutical Association, were elected at the 84th Annual Convention of the Maryland Pharmaceutical Association in Tamiment, Pennsylvania. It was the 13th Annual Meeting of LAMPA.

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— 0 —

NOTICE

Steps are being taken to institute changes in the publication of **The Maryland Pharmacist** and to bring the journal to a current status.

During the interim period, your indulgence is requested.

Savings Bonds, Stamina, Security

By

Honorable Hubert H. Humphrey
Vice President of the United States

Your family's strength is in its skills, its devotion, its unity.

The same is true of your business, trade, profession and, yes, our beloved nation.

"Out of many, one"—E Pluribus Unum. Out of diversity—common purpose and mutual effort. Out of specialized interests—an over-riding interest in great values.

Voluntary teamwork among varied individuals and groups is in our finest tradition.

You and your organization can unite to serve our highest goal as Americans—a still stronger, safer America.

You can join in an extra dimension of patriotic service—you can buy—encourage others to buy—make it convenient for them to buy—U. S. Savings Bonds.

All over America, diverse societies and associations are cooperating in this vital program. You can bring honor to yourself and associates as well as strength to your country by joining up.

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This publication brings you this message as a spokesman for the Republic.

Your constructive response can mean so much to the land we love.

Let your actions ring out for liberty. Let free men prove again the patriotic devotion in their—our—your—heart.

Rally our associates round the banner of Star-Spangled savings. Let's raise the emblem of all-out participation to the heights.

Ask your employees to enlist in the Payroll Savings Plan. It's good for them and good for America.

Savings Bonds mean strength, stamina, security for all.

Join up. Sign up. Back up America.

I ask this for your country, and for the values we hold dear. I have faith in your teamwork for America.

Two Minute Pregnancy Test

A simple, inexpensive and highly accurate two-minute urine test for pregnancy was introduced by Wampole Laboratories, division of the Denver Chemical Manufacturing Company.

Called Pregslide, the new test's accuracy of 97% has been confirmed by controlled tests in medical and hospital laboratories, according to Dr. Souren Avakian, Wampole's vice president and research director.

Dr. Avakian also pointed out that because of its high sensitivity to human

chorionic gonadotropin (approximately two units/ml), the new test can detect pregnancy earlier than other slide tests.

Early detection is a particularly significant advantage, he said, because the first few months of pregnancy are the most dangerous for the unborn child. "The earlier a physician can confirm a pregnancy," he said, "the sooner he can take precautions to safeguard the well being of the unborn child."

Pregslide is based upon the principle of latex agglutination. One drop of the patient's urine is placed upon a specially tinted blue slide. A drop of antiserum is then added and mixed. This mixture is rocked gently for 30 seconds. Finally, a drop of latex antigen is added, mixed and the slide again rocked gently for two minutes.

The mixture will assume a smooth or finely granular pattern if the patient is pregnant. Otherwise, the cells will separate and clump together on the slide.

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Germicide Spray Reduces Air-Borne Bacteria

An interesting approach to the control of air-borne microbes is reported in the American Pharmaceutical Association's *Journal of Pharmaceutical Sciences*.

Leo Greenberg wrote in the July issue that a germicidal aerosol treatment of air in a heavily trafficked laboratory markedly reduced the mean microbial population and altered it from predominantly bacterial to primarily fungi, with members of the *Penicillium-Aspergillus* group dominating.

The author, working at the Brooklyn College of Pharmacy, used a germicide formulation of quaternary ammonium compounds, glycol, and alcohol, with a fluorinated hydrocarbon propellant. Three dispensing units were installed on the laboratory walls 8 feet above the floor. The units were spaced so that the spray paths converged in the approximate center of the lab.

A metered amount (100 mg.) was automatically dispensed and atomized into the laboratory atmosphere by the motorized apparatus at 15-minute intervals around the clock for one month. The 15-minute interval was chosen because it gave barely measurable levels of germicide particles at the end of the period and did not allow excessive accumulation.

Sampling was conducted for 8 weeks—2 weeks prior to the treatment as a control, 4 weeks during the treatment, and 2 weeks following. Air samples were collected every 4 hours during the day and every six hours during the night. Samples were taken in an adjoining lab as a control to ensure that any gross changes noted were not seasonal. Usual student traffic in and out of the lab occurred daily.

This aerosol system caused a relatively rapid and significant decline in bacteria counts, including cocci. The author speculates that the apparent success against coccal forms may indicate

a possible usefulness against pathogenic forms of staphylococci.

Report Reference: Greenberg, L., *J. Pharm. Sci.*, Vol. 55, No. 7, p. 740 (July) 1966.

How Much Does Starch Swell?

Cornstarch, which is extensively used as a tablet disintegrant, has been assumed to swell when in contact with moisture, thereby causing the tablet to rupture. However, James T. Ingram and Werner Lowenthal, of the Medical College of Virginia, note that little work has been published on the exact mechanism of action of starch as a disintegrating agent.

Their report appears in the June issue of the American Pharmaceutical Association's *Journal of Pharmaceutical Sciences*.

The authors searched the literature but found no data which indicated that starch swells sufficiently *in vivo* or *in vitro* to cause tablet disintegration. They cite a reference in which aspirin tablets disintegrated in cold water, but microscopic examination showed the starch grains were not swollen.

Therefore, they wished to determine if starch grains swell at 37° and what conditions influence this. Commercial grades of corn, potato, and amioca starches of both low and high moisture content were used. Effects of time, acid or basic media, added salts, and simulated gastric fluid U.S.P. on the various starch species were studied. Individual grain dimensions were measured microscopically to determine extent of swelling.

The starches did not swell significantly in distilled water or simulated gastric fluid. The less acid medium produced more swelling than more acid media. Salts of polyvalent cations (e.g., magnesium and aluminum chlorides) produced more swelling than salts of monovalent cations (e.g., sodium chloride). The effect of time indicated that the swelling which does occur appears to be instantaneous.

Swelling of starch grains was observed to be in the order of a 5 to 10% increase in mean grain size. At present, the authors suggest that this does not seem large enough to cause tablets to disintegrate. Therefore, they are continuing their work to determine other factors which may influence swelling of starch grains and also to determine if the observed increase in grain diameter is sufficient to rupture tablets.

Report reference: Ingram, J. T., and Lowenthal, W., *J. Pharm Sci.*, Vol. 55, No. 6, p. 614 (June) 1966.

—O—

Dr. Donald E. Shay, professor and head of the department of microbiology at the University of Maryland Schools of Dentistry and Pharmacy, was invited to attend the Ninth International Congress of Microbiology in Moscow July 20-29. He also participated in an International Symposium on Botulism being held two days preceding the congress.

Dr. Shay visited dental institutes in Moscow, Leningrad, and Copenhagen.

Obituaries

Alfred J. Haaz

Alfred J. Haaz, Baltimore pharmacist, died on July 1, 1966. Services were held in Philadelphia. He was an associate member of BMPA.

David Sadel

David Sadel, pharmacist of Silver Spring, formerly of Pennsylvania, died July 5.

Abraham D. Lesser

Abraham D. Lesser, 65, of Baltimore, graduate of the University of Maryland School of Pharmacy, died July 26. He was affiliated with the Board of Jewish Education as a teacher of Hebrew.

Raymond B. Watson

Raymond B. Watson, 78, retired prescription department supervisor of Peoples Drug Stores, died July 30 at Port Haywood, Matthews County, Virginia.

George L. Beneze

George L. Beneze, 60, member of the Travelers Auxiliary of the Maryland Pharmaceutical Association, died on July 8 after a year's illness. He was a former Baltimore district manager of the Coca-Cola Company.

He received his B.A. degree from St. Johns College, Annapolis in 1931 and joined the Coca-Cola Company in 1932.

A Navy lieutenant in World War II, he retired from the Navy Reserve as a lieutenant commander in 1963.

He was a member of the Phi Sigma Kappa fraternity of St. John's College, and the Second Presbyterian Church here. He was an elder in the Presbyterian church.

Survivors include his wife, the former Mary Jane Moore, and two sisters, Miss Edna Beneze, of Baltimore, and Miss Florence Beneze, of Philadelphia.

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References: (1) Siver, R. H.: CMD, 21:109, September 1955. (2) Frykman, H. H.: Minn. Med., 38:19-27, May 1955. (3) McGivney, J.: Tex. State Jour. Med., 6-18, January 1955. (4) Quehl, T. M.: Jour. of the Acad. Gen. Prac., 15:15-16, October 1965. (5) McKes, D. J.: N.Y. State Jour. Med., 58:2672-2673,

August 1958. (6) Weekes, D. J.: EENT Digest, 25:47-59, December 1963. (7) Abbott, P. L.: Jour. Oral Surg., Anes., & Hosp. Dental Serv., 310-312, July 1961. (8) Rapoport, L. and Levine, W. I.: Oral Surg., Oral Med. & Oral Path., 20:591-593, November 1965.

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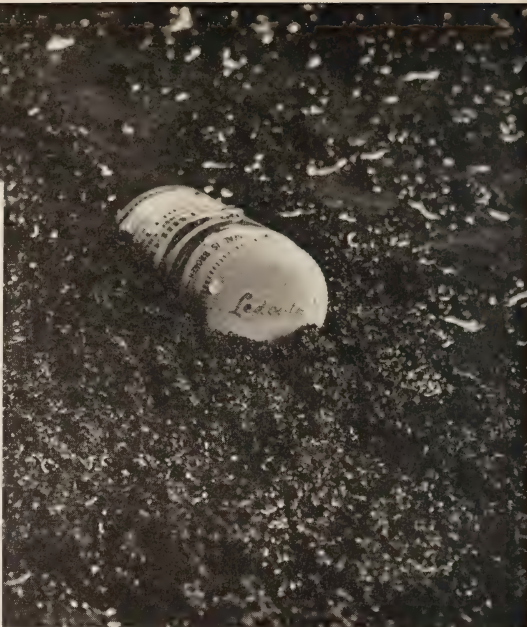


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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLI

AUGUST 1966

No. 11

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PATRONIZE OUR ADVERTISERS

The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price \$5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 8, 1879.

Editorial

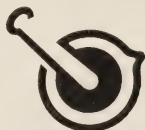
The Maryland Pharmaceutical Association, representing the profession of pharmacy in Maryland, is concerned with every development that impinges on the practice of pharmacy.

Among the important areas we are concerned with are:

1. The discrimination by some manufacturers in their distribution policies in favor of hospitals, clinics, dispensing physicians and large organizations, in contrast to the drug wholesaler and the individual community pharmacist.
2. Veterans Administration Mail Order Prescription service, whereby the V.A. is urging physicians to get their patients to mail their prescriptions to V.A. dispensaries and hospital pharmacies.
3. Physician dispensing and alleged collusion between physicians, drug manufacturers, repackagers and pharmacists.

ACTION REQUIRED

All pharmacists are urgently requested to furnish any information they may have about any of these activities which may be unlawful, unprofessional or unethical. Be sure to transmit any data which indicates practices in the above areas of pharmaceutical services which are not in the best interest of the public or the profession.



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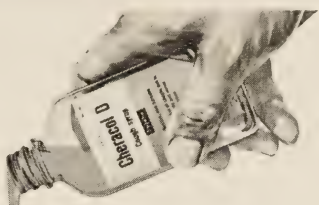
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President's Message

Dear Fellow Members:

In my forty odd years in the service of a community pharmacy, I have taken time to study the unusual and psychological drive that makes for a pharmacist. He is a man truly dedicated to the health and welfare of his community. No matter what type of community or what type of pharmacy or drug store this man is put into, the instincts to help and be a part of that community will always emerge from even the greatest introvert. There is not a day that goes by when the pharmacist, whether in our cities, towns or crossroads in this great country, is not called upon for his help from people in every station in life. His knowledge, training and assistance are requested in every area: professional, communal, interracial, interfaith, interfamily and in the many intimate facets of human relations. The community pharmacist is the most frequently sought after member of our community, even more than our clergy, who are dedicated to the help of humanity.

For centuries the pharmacist has gone through life giving of his knowledge, his time and of himself to help his fellow man. Whether this man realizes his importance and his place in his community is a story that I am sure will be unfolded in the very near future. With the advent of the large corporate organizations, the giants and the mammoth drug stores, the public is slowly realizing that they cannot get the treatment or advice from these establishments that their mothers and fathers got when they were growing up in their communities. These giants have taken this wonderful and willing pharmacist and put him in a white cage away from contact with people in his community. He wants to help, but he is too far away to listen to their questions and to give them his professional or personal advice. It is just like undressing in a show window on a busy thoroughfare. Gone is the personal touch, the privacy of a few comforting words, or just a word of greeting. The members of the new generation, I believe, will seek out a community pharmacy where they can have personal contact with their community pharmacist.

There are some of us who will say that this is not professional, but this is our profession. We are in a sense pharmaceutical public relations people. We are dedicated to the good and welfare of our people and we must realize that we are as important to the people as each cog is important to a machine. Take one or two cogs out and it may work, but not as efficiently.

The community pharmacist is slowly realizing the potential in the position he occupies in his community. This man is slowly emerging from a cocoon and taking his just place in the community of health fighters, community planners and public officials. This man is like a veritable volcano that has laid dormant for many years, but keeps bubbling away and every now and then it boils over and we have a Hubert Humphrey, a Bill Apple or a Willard Simmons.

So I say to you, my fellow pharmacists, take a good look at yourself. You are a force for good in your communities. You are needed. Be proud of your part in this great drama of life. Live pharmacy to its utmost and you will have a life which I know will be truly gratifying.

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CONTEMPORARY GREETING CARDS

Early Pharmacy in the Balto. Campus Area (UNIVERSITY OF MARYLAND)

By B. F. ALLEN*

Just prior to 1812, steps had been taken to provide a permanent home for the College of Medicine of Maryland (established in 1807) at the corner of Lombard and Greene Streets in what was then "the western end of the city." Baltimore was growing rapidly at the time and already had attained a population large enough to make it the third city in size in the United States.

The medical group, to solve this problem, enlisted the aid of certain distinguished citizens, among whom was Colonel John Eager Howard, Revolutionary War hero and fifth Governor of Maryland (his remains interred in the graveyard at Lombard Street and Fremont Avenue).

The Maryland General Assembly in 1812 created the original University of Maryland, at the site where the Baltimore branch of the University is still to be found, by authorizing the College of Medicine to annex to itself three other colleges (Arts and Sciences, Divinity and Law).

The lot on the north-east corner of Lombard and Greene Streets was purchased from Colonel Howard at "a merely nominal amount," (\$10,000), and is one instance of the liberality of that distinguished citizen. Colonel Howard was a member of the Board of Trustees (at times also known as Board of Regents).

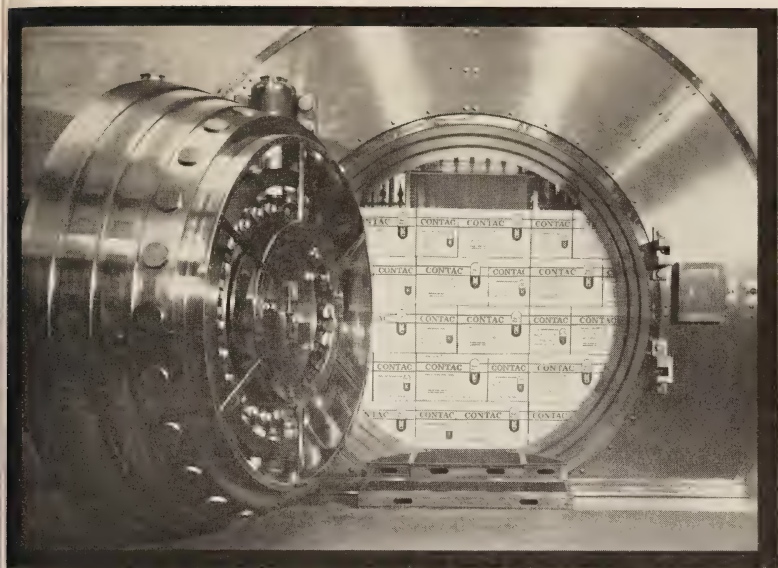
The building on the corner of Greene and Lombard Streets was completed in 1813 (the western limit of the city at this time was Greene Street). The remains of R. Cary Long, the architect for this edifice were also interred in St. Paul's graveyard at Lombard Street and Fremont Avenue.

The first suggestion of a College of Pharmacy in Baltimore emanated from Dr. William R. Fisher (he held the degree of M.D.), a native of Philadelphia, who settled here in 1827, at the age of nineteen, and established a pharmacy about 1834. He was Professor of Botany in the School of Arts and Sciences of this University (1837) and one of the leading spirits in the Maryland Academy of Science and Literature.

Of Dr. Fisher's "plan" nothing is known except that he had formed one, and that it met with favor among his colleagues of the Medical and Surgical Faculty. A sudden illness prevented his participation in its execution. He returned to Philadelphia in 1839 and recovered sufficiently to occupy a professorship in the Philadelphia College of Pharmacy. He died at Hohnesburg, near Philadelphia, in 1842 at the early age of thirty-four.

The School of Pharmacy of the University of Maryland, originally the Maryland College of Pharmacy, is now in the one hundred and twenty-fifth year of its existence. In 1841, there were seventy-seven drug stores in Baltimore City. The more forward-looking proprietors of these stores, realizing that a broader and more thorough education and training than could be obtained through employment in a drug store must be provided for their apprentices if the citizens of the Commonwealth were to be properly served, joined with some of the more progressive physicians of Baltimore City in organizing the Maryland College of Pharmacy, which was incorporated on January 27, 1841, and which began to function as a teaching institution in November of the same year (the home of the college was a single small room located on Gay Street, north of Baltimore Street).

*State Historian for the Section on Historical Pharmacy of the American Pharmaceutical Association.



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In the spring of 1844 a committee from the Maryland College of Pharmacy was appointed to endeavor to make an arrangement with the Faculty of Physic of the University for a union of the two institutions.

On April 24, 1844, the Maryland College of Pharmacy entered into an arrangement with the Faculty of Physic of the University of Maryland whereby the lectures of the College of Pharmacy were to be united with those of the University so as to enable the students of medicine to have the benefit of the lectures on pharmacy, in return for which the students of pharmacy were to enjoy the privilege of attending the lectures on chemistry by the Dean of the Faculty of Physic. The lectures on pharmacy were delivered in the amphitheater of "Old Main" (now Davidge Hall) located at Lombard and Greene Streets. (Tradition has it that a large crowd of anxious Baltimoreans viewed the spectacular firing on Fort McHenry from the front entrance of this building, the events in other words that led to the writing of the Star Spangled Banner in 1814).

At this time it was decided to elect a professor of pharmacy to deliver the course of lectures. Dr. David Stewart, who had in this year (1844) taken his degree in medicine at the University was elected to the professorship. The name of the chair of pharmacy thus created on April 30, 1844 was the first in this country. The arrangement with the Faculty of Physic continued in force until the year 1847, when the interest in the college of pharmacy began to decline.

It is interesting to note, that during this association, permission was given the College to occupy a small room (number "20") for meetings and for the arrangement of its cabinet of specimens.

For nine years the college lay paralyzed and it was not until the year 1856 that interest in the institution again revived. On February 20, 1856 thirty-one apothecaries met at a hall on the corner of Lexington and Eutaw Streets and

helped reorganize the college (it appears some classes may have been held at this location).

In the fall of 1856, the College rented a room at the corner of Calvert and Water Streets, fitted it with requisite furniture and apparatus, and made all arrangements for a resumption of an active society and college career, to which there has been no interruption up to the present time.

From 1856 until 1876, the College was located in various rented rooms and halls in what is usually considered today as the downtown area. Meanwhile a large increase had taken place in the number of students, and there had also been improvements and increase in the course of instruction, all of which necessitated the providing of larger accommodations.

In accordance with these needs in 1876 the College purchased from the city a granite-front building on Aisquith Street just north of Fayette Street, on the east side, used as a public grammar school (this building closely resembled the McKim school house which stands today at the corner of Baltimore and Aisquith Streets and is considered a gem of classic architecture).

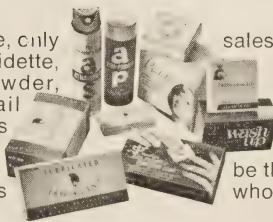
In the Spring of 1886, further increase of accommodations was called for, and it was decided to erect a new building upon the site of the one then occupied. An architect was consulted, and a handsome structure (frontage of sixty-seven feet and a depth of eighty-five feet, and three stories high) was erected at a cost of \$35,000 and occupied during the latter part of the session of 1886-87.

About 1898 the subject of a union of the College with the University of Maryland became first bruited about as a possibility. The formal mention of union was made by the Dean of the Faculty of Physic, at the annual meeting of the Medical Alumni Association in this year. He spoke of proposed new Schools or Faculties, especially of the purpose of the authorities of the University to seek affiliation with St. John's College (An-



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napolis) and the Maryland College of Pharmacy. Also of considerable interest is that back in 1882, the Faculty of Physic of the University of Maryland secured a charter from the Legislature of the State of Maryland for a Department of Pharmacy to be added to the School of Medicine.

The Legislature approved a supplementary Act on March 21, 1882 authorizing the Regents of the University to grant the degree of Doctor or Licentiate in Pharmacy upon any one who had served an apprenticeship of four years with some competent pharmacist, and shall have attended at least two full courses of lectures in the theory and practice of pharmacy, and at least one full course in qualitative analysis, and shall be at the time of receiving the degree at least twenty-one years old.

Therefore, the Faculty of Physic made the first overtures, which were favorably received by the authorities of the College, and the union was officially concluded on July 7, 1904 and the Maryland College of Pharmacy became the Department of Pharmacy of the University of Maryland.

By this arrangement, the College assumed the same relations to the University as the Department of Dentistry (established in 1882). Besides the greatly improved location and the very desirable and stimulating influence of University life, the students were able to participate in Medical Department lectures and laboratory instruction.

Accommodations were provided for this department in the new Dental Building, erected in 1903-04, on the east side of Greene Street, corner of Cider Alley. (This building, although no longer devoted to its first use, has been thoroughly overhauled many times, and is now known as the Medical Technology Building, 31 South Greene Street).

Classes for the session 1904-05 opened in the buildings on the University

grounds, corner of Greene and Lombard Streets. The office and pharmacy laboratories were located in the new Dental Building. The chemistry and microscopical laboratories were located in the Gray Laboratory (erected about 1894 and it is still in active operation today, situated behind the old medical building now known as Davidge Hall). Lectures were held in Gorgas Hall of the Dental Building and in the Amphitheatre of the old Medical Building (erected in 1813).

The change from an isolated School to a Department of a University proved satisfactory and advantageous. The University authorities felt that they had gained in this College, with its fine traditions and its long and successful career, a valuable ally and associate. The pharmacist, with his systematic habits and business methods, and, above all his common sense ideas—which are not perhaps so common or conspicuous in our less practical professions—was expected to bring to bear upon the staid circles an influence and an example that would contribute powerfully for their betterment.

The College, as the Department of Pharmacy of the University of Maryland, soon recovered any loss in its student body suffered prior to the amalgamation. (The number of students dropped from one hundred and fifty in 1887 to sixty-eight in 1903). During the session of 1905-06 there were seventy-one students in attendance, of whom twenty-four received the degree of Doctor of Pharmacy (Phar. D.) at its close.

In 1907, the University was composed of only two Colleges or Faculties—Law and Medicine—the latter having attached to it subordinate departments of Dentistry and Pharmacy. At this time, someone stated, that it was an anomaly that the School of Pharmacy should be a mere appendage to the School of Medicine, a change which would occur if the Baltimore institution became a great State University.

The number of students increased to as many as ninety-eight in 1915-16. Then came World War I, and the number of students diminished in the Department of Pharmacy until there were only sixteen graduates in 1920. In this year, the University of Maryland (Baltimore) was merged with the Maryland State College (College Park) and the combined institutions became the state university, the old name, University of Maryland, being continued.

Following this merger, the Department of Pharmacy became the School of Pharmacy of the new University of Maryland and student enrollment increased. The session of 1921-22 opened with a student body numbering ninety-nine, and that of 1922-23 with one hundred and forty-six students.

On April 22, 1922, the Schools of Dentistry and Pharmacy received the deed for the property known as 27 South Greene Street, consisting of the old church and parsonage buildings of the Emmanuel Evangelical Church (the present site of the Bressler Research Building). A third floor, with a stairway leading to it, was built into the body of the church building, and other necessary partitions, etc. were put in place. The School of Pharmacy moved into this building with its decorated church ceiling and stained glass windows, early in November 1922. The laboratories for chemistry and Pharmacy were moved to this building. Lectures were given on the first and second floors and in Gorgas Hall of the Dental Building (some laboratories in this building were also used). The upper floors of the parsonage provided office space, as well as storage and preparation rooms.

(To Be Continued)

NOTICE

Steps are being taken to institute changes in the publication of **The Maryland Pharmacist** and to bring the journal to a current status.

During the interim period, your indulgence is requested.

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RETIREMENT? Here's How to Make the Most of It

A CRUCIAL PROBLEM . . . AND MPA's ANSWER

"When I was thirty years old, 65 looked a long ways off. Where did those years go?" The man talking happened to be a member we know, but it could be any one of us, couldn't it? More than half of the crucial years—those between 30 and 50, have usually slipped by before we even begin to realize that soon we'll want to quit business and take it easy. Some of us still don't believe that time is going to come—but it always does! If we're lucky!

Planning for retirement is one of the most critical problems facing independent businessmen today.

MPA is doing something about it for its members.

This is not the first time that our industry has worked together to solve common problems says President Morris R. Yaffe.

But the future holds more problems than preserving and expanding markets and sales—problems that must be met head-on.

Consider these facts:

- Of 20 people reaching the age of 65 . . . only one will be able to retire and be completely self-sustaining, even with the aid of Social Security.
- Of every 100 men at age 25 . . . by the age 65:
 - 46 will be dependent on relatives, friends or charity.
 - 34 will have died (29 leaving no estate).
 - 13 will have to continue working
 - 5 will be independent
 - 2 will have incomes of more than \$10,000 annually.

We know now that 80% of these people did not plan to fail . . . they failed to plan! Why these tragic results?

You would think that people who worked all their lives would be prudent

enough to prepare carefully for retirement. But such, unfortunately, is not the case. Inability to earn enough is not the problem. They earn enough, but they simply fail to plan. And that's where MPA has decided to give you a hand. We are now prepared to give you the tools with which you can become a part of the 7% who do a good job of retirement planning.

Here is the gist of our thinking and planning for you:

It is a well-established fact that large corporations and government institutions have long understood retirement problems. Unions also are constantly pushing for greater retirement benefits for their members. Unlike many independent businessmen, the latter can now enjoy or look forward to the comfort and security which only time and sound investment can bring.

Early Start and Hedges Are Essentials

These programs generally are built around three basic criteria:

- (1) An early start toward pension buildup (most often, at age 30 or soon thereafter);
- (2) Insured dollars to provide a hedge against deflation and depression, and
- (3) Equity investment in common stocks to hedge against inflation.

Under this type of a plan, many employees have built up substantial security through small monthly contributions set aside for future retirement.

For example, a recent article in the Wall Street Journal reported that employees of Sears Roebuck, with 25 to 30 years of service and participation in such a plan, were receiving on the average a retirement stake of \$113,000 on which to draw in their golden years.

Programless Employers Sustain Losses

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Benefit programs of this nature entice good employees away from independent businessmen who have none—because they have not been able to offer such incentives.

The result? Turnover, added training expense, and loss of customer continuity. Workers are more concerned now, they should be, with their futures. Social Security is only the first step in a solid program. It is an escapable and unfortunate fact that the majority of us are wishful thinkers—we go merrily along believing in a genie who will wave a magic wand and provide for tomorrow and its needs.

With bleak facts as these, it behooves our industry to do something about it—and this is exactly what MPA proposes to do.

Our Basic Objectives

FIRST, it has to solve retirement's number one problem, inflation. Fixed dollar retirement plans are at best unrealistic in a progressive and inflationary economy such as ours. We felt we needed a plan with built-in possibilities for growth which would hedge against inflation and permit participants to share in the growth of the economy.

SECOND, the plan must provide adequate protection against the contingencies of deflation, pre-retirement, death, or disability.

THIRD, the plan also had to have built-in flexibility. No single program could possibly answer the varying needs of thousands of individuals.

FOURTH, the plan had to be realistic. It must be within the economic range of every member. Also, it had to be available to the individual employer himself, if he so desired, without covering his employees.

FIFTH, the plan must be the best possible in the terms of benefits received.

New MPA Program Is Now Available

Such a plan has been developed and is now available to our industry as another service. "The Balanced Retirement

and Investment Program" has been patterned after the same concept used by most large corporations today.

As the name implies, this program is balanced between insured dollars, guaranteed by Bankers National Life Insurance Company of Montclair, New Jersey, and growth dollars, which are invested in Scudder, Stevens and Clark Common Stock Fund managed by one of the oldest and largest investment firms in the nation.

Death and Disability Benefits Are Included

The plan also provides preretirement death and disability benefits plus the opportunity to convert accumulated funds at retirement to a guaranteed lifetime income which neither husband nor wife can outlive.

The flexibility of the program is outstanding.

For instance an independent dealer with as little as \$30.00 per month available can enroll. On the opposite side of the coin, a dealer with many employees has several options. He can elect to cover only himself or to contribute for his employees. Or, if he felt financially unable to afford the employee contribution, he could still offer his employees these benefits. This would be done through a simple payroll deduction plan which would cost the employer nothing.

Here are some cogent reasons why we believe you will want to think carefully about your own retirement planning the MPA way.

It provides:

- (1) The same type of plan offered by the large corporations (regardless of your size).
- (2) A guaranteed retirement income, but also the opportunity for small monthly investments on a broad diversification of common stocks. This fund is managed by one of the nation's most outstanding investment advisors, and with absolutely no sales or load charges as normally found in equity investments and mutual funds.

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- (63) Maximum flexibility and is within the economic reach of every member. As little as \$30.00 monthly can start the plan with no high cash outlay. Also the member can select who he covers and how much he wants to spend.

There are many other advantages, and we are sure you have many specific

questions. But rather than attempt to explain them here or by mail, we have arranged for DAVENPORT-DILLARD, INC., PENSION CONSULTANTS, Washington, D.C. to assist us in the enrollment procedures. A representative will personally contact you to explain the plan in detail, and assist you in taking advantage of the many benefits available. These include tax savings, special options, etc.

We are confident once you have reviewed this program, you will share our pride and satisfaction in helping you solve your own crucial problem. Then you won't have to ask, "where did all those years go?"

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Diabetes, Heart Disease Seen Linked As Factors in Mortality

Recent medical findings indicate that diabetes "may be a third or fourth or even second leading cause of death" in the U.S. today, according to a leading spokesman for the U.S. Public Health Service.

Citing medical research that links heart disease and diabetes as "related diseases," Dr. Glen W. McDonald, Chief of the Diabetes and Arthritis Program, U.S.P.H.S., called it "misleading to speak of diabetes as the eighth leading cause of death, as it is officially ranked in government mortality statistics.

Addressing the New York Diabetes Association at the Donnell Library Center, Dr. McDonald noted that heart disease is the "number one cause of death in the U.S. population," and suggested that "a great many more of these deaths from heart disease in the so-called 'normal' population involve diabetes than is indicated."

"We have known for a long time," Dr. McDonald said, "that diabetics also have vascular complications." But it was not until 1957 that University of Michigan researchers discovered that among supposed non-diabetics with five different kinds of vascular disease, "abnormally high blood sugar levels showed up with significant frequency."

Dr. McDonald stressed the importance of this finding by pointing out that "a high blood sugar level in an individual—whether a known diabetic or not, and whether positively diagnostic or not—may well be a most important factor predicting the probability of heart disease, even of a heart attack."

Clues provided in this U. of Michigan study led to a burst of research into the correlations between diabetes and cardiovascular disease. The results of much of this work are now appearing in medical publications for the first time.

In one such study cited by Dr. McDonald, tests were performed on supposedly non-diabetic patients with arteriosclerosis. "In 46% of these patients, the test results were in the diabetic range," Dr. McDonald said. "In the control group of hospital patients without heart problems of any sort, only 10% of the results were abnormal."

Another study showed the prevalence of clinical diabetes to be five times higher in cases of coronary thrombosis than in the general normal population. Other research has revealed that abnormally high levels of cholesterol in the blood, hypertension and obesity are all common characteristics of both diabetes and heart disease.

"An intensified program of case-finding is clearly called for in this circumstance," Dr. McDonald said. He stressed the importance of identifying early or so-called "mild" diabetics "before they become obviously and overtly sick" in the hope that early treatment will retard or lessen the complications. "Diabetes Week is an excellent time for us to re-dedicate ourselves to the search for these hidden diabetics," Dr. McDonald said. During Diabetes Week, a national effort is made to encourage people—especially those over 40, overweight, or related to a known diabetic—to be tested for diabetes by their physicians or through the local screening program.

Diabetes can be identified at a relatively early stage by means of a "glucose tolerance test" which measures sugar levels in the blood. For mass screening purposes, a blood test one to two hours after a meal is considered the best method now widely used. Urine tests are inadequate for this purpose. However, Dr. McDonald pointed out that damage to the small blood vessels often pre-dates defective carbohydrate metabolism as a recognizable sign of diabetes, and that today such damage can often be identified by a physician.

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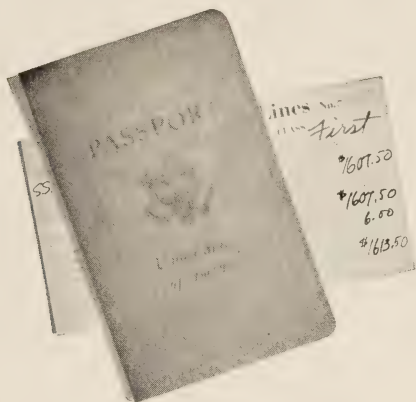
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Maryland's Medical Assistance Program

Administered by the State Health Department under the provisions of Title XIX (Social Security Act, 1965 Amendments) and financed by State and Federal funds.

Introduction

Maryland has offered a medical care program for the indigent and medically indigent for over 20 years. With the advent of P.L. 89-97, the Social Security Amendments of 1965, came the opportunity to obtain Federal matching funds under Title XIX of the Act for most of those medical services and to extend Maryland's program to more people. To qualify for these matching Federal funds, certain requirements in conformance with stipulations of the United States Department of Health, Education, and Welfare had to be met.

The State Health Department was designated as the single State agency to develop a plan for submission to the Department of Health, Education, and Welfare and to administer the program in cooperation with the Department of Public Welfare, the Department of Mental Hygiene, and others.

In essence, the State's various medical care programs including the hospital inpatient, hospital outpatient, home and office care, and other services are now united under one MEDICAL ASSISTANCE program. Whereas the medical care programs in the counties of Maryland differed somewhat from Baltimore City's program, there is now a uniform program for the entire state. The major change is in Baltimore City, where previously service had not been provided for medically indigent individuals; this group is now eligible under the expanded program.

The 1966 State Legislature changed the income levels being used for the determination of eligibility for medical assistance, making more people eligible in the counties as well as in Baltimore City. This was to become effective July 1, 1966. It is estimated that perhaps twice as many people, or approximately 175,000 more Marylanders, making a to-

tal of approximately 350,000, could be eligible under the plan recently approved by the Department of Health, Education, and Welfare and in operation since July 1, 1966.

A more detailed plan is being submitted to the Department of Health, Education, and Welfare. Determinations and definitions in a few instances are pending. Amendments to the plan will be made from time to time.

While services provided to indigent and medically indigent recipients under the program remain basically the same, changes in administrative procedures have been necessary and these have caused some confusion, particularly for local health and welfare departments and for "vendors of services," such as physicians, hospital administrators, pharmacists, etc.

A major cause of confusion, particularly for the public has been the term "Medicare" applied to the Social Security legislation of 1965. "Medicare," as the term is most frequently used, applies *only* to Title XVIII of the Act—a Federal program of *Health Insurance for the Aged*, administered by the Social Security Administration. Under this, people 65 or over, if they have applied for and received their card, may participate in the basic plan—Part A, the Hospital Insurance program. Part B, which is optional and requires payment of \$3.00 monthly, is a supplementary medical insurance plan for these older persons.

It is not surprising that Marylanders would confuse the term MEDICARE, applied to the new Federal Health Insurance for the Aged program which went into effect July, 1966, with the term "Medical Care," the State's long-standing program for medical assistance to the needy which was revised as of July, 1966. MEDICAID is a term sometimes used to differentiate the program for the

needy of all ages from MEDICARE for the aged. Officially, MEDICAL ASSISTANCE PROGRAM is the term used for Maryland's own medical care plan for the needy.

The following questions and answers are designed to help identify and to interpret the services and procedures applicable to the State's plan for medical assistance for needy persons under Title XIX. Reference to Title XVIII, the Federal program of Health Insurance for the Aged, will be made only to aid in clarification. For further information regarding Title XVIII or "Medicare," read your Medicare Handbook. Also, Marylanders may call Blue Cross-Blue Shield. In the Baltimore area the telephone number is 828-1400; those in Prince George's or Montgomery counties should call Blue Cross-Blue Shield in Washington, D. C., Republic 7-4500.

General — Titles XVIII and XIX — Description of Cards

Q: Is the Maryland Medical Assistance Program a new approach to care for indigent and medically indigent persons?

A: No. A medical care program for the indigent and medically indigent persons has been administered by the State Health Department in Maryland since 1945. The present program, which is eligible for matching Federal funds under Title XIX of the Social Security Act, will in effect continue these medical services and make them available to more people.

Q: Describe the Medical Assistance card issued by the Welfare Department to individuals in Maryland eligible for benefits under the current Medical Assistance program for the needy (Title XIX).

A: It is a large buff colored card. The Welfare Department began issuing this as an identification card as of July 1, 1966, under Maryland's revised program for Medical Assistance supported by State and Federal funds under Title XIX of the Social Security Act. Those holding old medical

care cards issued previously by the health department may continue using them until the expiration date as long as they are still valid. Vendors should note carefully the date before supplying drugs or services within the limits of this program.

Q: Is Maryland's Medical Assistance program called Medicare?

A: No. This term is generally applied to the Health Insurance for the Aged program being administered by the Social Security Administration under Title XVIII of the Social Security Act. This program is supported entirely by Federal funds.

Q: Describe the card issued by the Social Security Administration to individuals eligible for benefits under the Health Insurance for the Aged program (Title XVIII).

A: It is a white, wallet-sized card with red and blue stripes across the top. This red, white, and blue card does *not* entitle the recipient to obtain prescription or other drugs in any drug store or pharmacy. For information regarding benefits under this program, consult your Medicare Handbook which was mailed to all recipients of this card. Also, you may contact Blue Cross-Blue Shield.

Q: Is it possible that some persons would qualify for services under both programs and be entitled to both cards?

A: Yes. For example, those 65 and over who have received a red, white, and blue card under the Federal program may also qualify under the State's program for the indigent or medically indigent and also receive the buff colored card.

Q: Is this a duplication of services?

A: No. The program for the needy complements the program for the aged, and the Health Department plan coordinates services for the best interests of the individuals and the taxpayers.

Q: How does the Maryland Medical Assistance program supplement the Fed-

eral Health Insurance for the Aged program?

- A: Under the Maryland Medical Assistance program, the State assumes the responsibility for certain co-insurance and deductible items for needy persons 65 and over receiving care through the Federal Health Insurance for the Aged program:

Under Part A, hospitalization insurance, the State pays the first \$40 (deductible) for each spell of illness and 20% of the costs for hospitalization (co-insurance) which are not covered by the Federal program.

For those covered by Part B, the supplementary medical insurance, the State pays the first \$50 per calendar year and the 20% additional cost for physicians' services *except* that fees for physicians' services rendered *in* the hospital are not paid at the present time.

- Q: In general, what does the Maryland Medical Assistance program provide?

- A: Inpatient care in a general hospital; nursing home care; physician's services in office, in home, or in a nursing home; outpatient hospital services; prescribed drugs and medical supplies; certain dental services; and, as available, certain home health services. In addition, the program includes services to persons 65 years of age or over in State tuberculosis and mental hospitals.

Eligibility

- Q: Where do you apply for certification of eligibility under Maryland's Medical Assistance program?

- A: Your local welfare department. The welfare department determines eligibility according to a prescribed formula.

- Q: How do you qualify for the Maryland Medical Assistance program?

- A: All persons who are recipients of State welfare aid are eligible.

- Q: Are persons other than public assistance recipients eligible for the Medical Assistance program?

- A: Yes. People who are self-supporting but who lack resources for necessary medical care may qualify as "medically indigent" and be eligible for services under the Maryland Medical Assistance program. Resources such as insurance and bank accounts are taken into consideration, when applicable. Beginning July 1, 1966, the Welfare Department determines eligibility for the medically indigent. Previously, it was the responsibility of the Health Department.

- Q: Is this program only for people 65 and over?

- A: No. All age groups are eligible in Maryland.

- Q: Are the members of the family certified separately?

- A: No. Members of a family are certified as eligible on the same application.

- Q: What are the financial criteria?

- A: The applicant must qualify within the income scale approved by the Maryland Legislature. For persons living at home, the scale is \$1800 annual income for one person, \$2280 for two persons, \$420 for each additional family member. A person with more than this amount of income may be eligible, depending on the amount of his medical expenses.

- Q: Is there a residency requirement for individuals making application under the Maryland Medical Assistance program?

- A: No. If he resides in Maryland, he may apply; no length of residency is required.

- Q: If a person is eligible under provisions of Health Insurance for the Aged (Medicare), can he receive assistance under the Maryland Medical Assistance program?

- A: Yes. If a person 65 or over is indigent or medically indigent, he may also receive medical assistance for those expenses covered under the Maryland Medical Assistance program which are *not* covered by Medicare.

CAMERA HOSPITAL



"I don't care if your camera is over 65 years old—I'm not authorized to repair it under Medicare and that's that!"



Q: If an individual who has been certified as eligible for medical assistance under the Maryland Medical Assistance program requires care while temporarily out of the state, is care provided?

A: Care may be provided to certified Maryland residents while they are temporarily out of the state insofar as the care is included in the Maryland Medical Assistance program.

Q: Once an individual has been certified as eligible for the Maryland Medical Assistance program, is this certification permanent?

A: No. It is not permanent. Eligibility is for a period of not more than six months; however, if the individual continues to meet the qualifications, he automatically could receive a new card for an additional six months.

Q: If an individual is dissatisfied with the decision of the Department of Welfare, what can he do about it?

A: If he has been denied the opportunity to apply, or if he thinks action has not been taken on an application for Medical Assistance within a reasonable time, or if he is not satisfied with the decision of the local welfare department about his eligibility or with the availability of medical services, he may appeal to the Maryland State Department of Health. Forms for requesting an appeal may be obtained from the local health or welfare departments or from the State Department of Health.

Any person who feels that he has been unfairly dealt with because of race, color, or natural origin should notify the State Department of Health or, if he still feels his case has not been fairly dealt with, he may complain directly to the Office of Equal Health Opportunity, Public Health Service, U. S. Department of Health, Education, and Welfare, Room 5419 HEW Building, South, Fourth and C Streets, S.W., Washington, D. C. 20201. He must file the complaint

within 90 days. The complainant's identity will be held confidential.

Physicians

Q: May a physician refuse to accept a patient?

A: Yes. Each physician decides whether or not he will participate in the Maryland Medical Assistance program and may choose to accept individuals or not. However, participating physicians, that is those rendering service, must comply with the provisions of the Civil Rights Act.

Q: May a physician charge the patient an additional amount over the established rate of reimbursement?

A: No.

Q: Under the program, where may the physician offer his services?

A: The physician may be reimbursed for treatment of a patient in his office, the patient's home, or a nursing home.

Q: May a physician receive reimbursement for services rendered to a hospital inpatient?

A: No. At present, payment is not authorized to a private physician for visits, surgery, or any other services to a hospitalized patient, except for obstetrical care in those hospitals which do not have an obstetrical house staff.

Q: May a physician refer a patient to a consultant specialist?

A: Yes.

Q: May a physician refer a patient to a clinical pathologist?

A: Yes.

Q: May a physician be reimbursed for drugs he issues from his office supplies?

A: Yes. Reimbursement is authorized for drugs which cost the physician \$.50 or more.

Q: May a physician be reimbursed for delivery, including post partum care?

A: Yes, when a physician delivers a baby in the home or in a hospital which does *not* have a house staff physician assigned to obstetrics or gynecology.

Drugs and Supplies

Q: Are eyeglasses provided?

A: The State Health Department provides eyeglasses for the indigent and medically indigent who are under age 18 or have had a cataract operation. At present, the State does not receive Federal matching funds for this item. Funds are extremely limited and the assistance of outside organizations in supplying eyeglasses is encouraged. After other resources have been exhausted, eyeglasses may be provided but each case must be authorized in advance on an individual basis by the local health officer.

Q: How does a patient receive necessary drugs and supplies?

A: Prescriptions for drugs are written by the physician on Form MS-6. The form must be properly filled out and be signed by the physician.

Q: Where does a patient have his prescription filled?

A: He may select the pharmacy of his choice, if the pharmacy is participating in the Maryland Medical Assistance program.

Q: How soon must a prescription be filled after authorization by a physician?

A: Any prescription should be taken to the pharmacist as soon as possible. Prescriptions will not be filled after an interval of more than seven days from the date it was written.

Q: Can a pharmacist be reimbursed for telephoned-in prescriptions?

A: Reimbursement will be made for telephoned-in prescriptions if confirmed by a properly executed Form MS-6.

Q: What controls are placed on prescribed narcotics?

A: A regular prescription blank must accompany Form MS-6 from the physician for the pharmacist's control

files. Class A and B narcotics cannot be refilled from the original prescription.

Q: Are prescriptions of antibiotics dispensed the same as any other type prescription?

A: No. Prescriptions for antibiotics are limited to a maximum supply for ten days on one prescription, and no refills are authorized.

Q: Can a physician prescribe drugs without preauthorization in all cases?

A: No. The physician writing the prescription is responsible for requesting authorization from the local health officer when:

- 1) a prescription has a total cost in excess of \$10;
- 2) antibiotics are for periods in excess of ten days;
- 3) drugs are for treatment of any form of tuberculosis;
- 4) oral vitamins are for patients over six years of age;
- 5) medical supplies are for Medical Assistance patients in nursing homes.

Q: What is the rate at which the pharmacist is reimbursed?

A: Pharmacies are reimbursed for the wholesale cost of ingredients as listed in a current standard price catalog, plus a pharmacist's fee in accordance with the established fee schedule.

Q: What type of medical supplies can a physician prescribe?

A: When ordered by a physician on Special Services Form MS-6, adhesive tape, catheters, cotton, colostomy bags, elastic bandages, enema bags, gauze, invalid rings, nasal atomizers, sacroiliac belts, vaseline, urinals, hypodermic needles and syringes (except disposable type), and thermometers (when ordered for family planning purposes) are authorized.

Q: When is preauthorization from the local health officer necessary for medical supplies?

A: Preauthorization by the local health officer for medical supplies is necessary in the following instances:

- 1) when any of the above listed items has a cost of more than \$5;
- 2) for medical supplies, at whatever cost, not on the above list.

Q: What is the rate of reimbursement for medical supplies?

A: Medical supplies are reimbursable at the current retail Fair Trade price as published by the manufacturer. No container charge is authorized.

Q: Are any medical supplies or services non-reimbursable?

A: Yes, the following:

- 1) Appliances—abdominal supports (except post-operative), artificial limbs, braces, hearing aids, rubber sheets, and trusses (except when surgery is contraindicated).
- 2) Drugs and Supplies—drug sundries such as baby oil, baby powder, cleansing tissues, etc.; food and food products including such items as baby formulas, milk, Somagen, Sustagen, etc.; dietary aids for weight control; non-medicated soaps and cosmetics; spiritus frumenti; and sugar substitutes.
- 3) Laboratory Services—hemoglobin, serology for syphilis, urinalysis. (These services are available under existing programs of the State Health Department.)

Q: How does a pharmacist know whether or not a patient is eligible for services?

A: The pharmacist is responsible for verifying that a patient has a valid Medical Assistance card. The expiration date is printed in the upper right corner of the card.

Q: How does a pharmacist receive reimbursement for his services?

A: Upon filling the prescription, Form MS-6 or Refill Form MS-6A, the pharmacist will complete the invoice, including his signature and the charges. Bills are then forwarded to the State Department of Health for

review. If they are correct, payment is authorized and a check issued.

Q: If not available through a Health Department program, are laboratory and x-ray services reimbursable?

A: Yes. Laboratory and x-ray services are reimbursable if performed in a physician's office or by an independent laboratory licensed and certified under Title XVIII of the Social Security Amendments.

Q: What are the fees for these services?

A: Rates of reimbursement are made through an established schedule.

Nursing Home Care

Q: Does a patient have a choice of a physician in a nursing home?

A: Yes. A person may be treated by his private physician if he is participating in the Medical Assistance program.

Q: Is a physician available for those who do not have a private physician?

A: Yes. Each nursing home has a private physician who has agreed to act as a principal physician for the home.

Q: How long may a person be treated in a nursing home?

A: The maximum period of care authorized will be six months. Medical certification as to medical need will be required for admissions.

Q: May extensions be granted beyond the initial six months period?

A: Yes. Based on medical need, extensions can be granted for an additional six months at a time. "Extensions may be granted on extensions" (Nursing Home regulations).

Outpatient Services

Q: Does a patient have a choice of whether or not to utilize an approved outpatient department?

A: Yes. A patient may use an outpatient department of a hospital or he may visit his private physician in the physician's office.

Q: What services will be covered by payment in an approved hospital outpatient department?

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- A: 1) Examination and prescribed therapy by a physician.
2) Diagnostic services such as laboratory tests, diagnostic x-rays, electrocardiograms, and electroencephalograms, including interpretations.
3) Emergency visits: services required immediately following an accident, services requiring immediate treatment, or when efforts to obtain the services of a personal physician fail.

Q: Are ambulance services provided?

A: In some areas ambulance service is provided but only when other methods of transportation are not feasible due to the patient's condition.

Inpatient Hospital Services

Q: What services in an approved hospital will the Health Department pay for?

A: The hospital will be reimbursed for all usual hospital diagnostic and treatment services regularly included in the hospital per diem costs.

Q: What services in a hospital are not covered?

A: Items such as private rooms, private duty nurses, telephone, television, etc., are not included.

Q: How is a patient admitted as an inpatient to a hospital?

A: Upon request of a physician, a Medical Assistance identification card is automatic authorization for hospitalization for three days or less. In emergencies, the patient may be admitted with investigation for eligibility to follow.

Q: How are additional periods of hospitalization authorized?

A: Each case remaining more than three days will be reviewed by the State Health Department and approval given for a specific period not to exceed fifteen days. Extension of time beyond fifteen days may be authorized if the patient continues to require care at the general hospital level.

Q: Does an individual, as an inpatient in a hospital, have a choice of physician?

A: No. At this time, payment for physician of choice is only authorized in the physician's office, patient's home, and nursing homes.

Dental Care

Q: Are dental services included in the Maryland Medical Assistance program?

A: Certain dental services are provided under the Maryland Medical Assistance program. However, the provision of dentures is restricted due to budgetary limitations this fiscal year.

Q: What are the dental services that may be provided?

A: The following are some of the dental services provided:

- 1) Dentures, if authorized by your local health department
- 2) Replacement of dentures
- 3) Extraction of teeth
- 4) Filling cavities
- 5) X-rays of the mouth
- 6) Fluoride treatments
- 7) Emergency care

Q: Where can I receive such dental care if I live in one of the counties?

A: If you have a Maryland Medical Assistance card, this entitles you to receive dental care by any practicing dentist who is participating in the Maryland Medical Assistance program.

Q: Where can I receive such dental care if I live in Baltimore City?

A: You may receive dental care by private practicing dentists participating in the Maryland Medical Assistance program, and in addition you may receive dental care in the Eastern Dental Clinic operated by the Baltimore City Department of Health or in one of the dental clinics of the general hospitals in the city. It must be mentioned, however, that not all general hospitals operate dental clinics.

Q: May I walk into a dentist's office and receive any care that I need?

A: No. First, the dentist must be participating in the Maryland Medical Assistance program and willing to accept you as a patient. Second, prior to receiving dentures your condition must be evaluated by the local health officer. When he concurs that dentures are required, he must authorize this care and will inform your dentist. You should seek an appointment with a participating dentist, even in case of emergency.

Q: How is the dentist paid for dental services?

A: The dentist is required to complete the State Health Department report and invoices MS5, thus indicating the services rendered, and forward this report to the State Health Department, 301 West Preston Street, Baltimore, Maryland 21201.

Home Health Care

Q: Who may receive home health care?

A: Those who have a Maryland Medical Assistance card may receive skilled nursing services and one or more of the following: occupational, physical, or speech therapy, social services, or home-health aide services if prescribed by their physician.

Q: Are services available in all communities at the present time?

A: No. The program is developing, but not yet complete. *Limited* public health nursing services are available in all communities to care for patients in their homes in accordance with physicians' orders where Home Health Agency services are not yet available. Consult your local health department for details.

Q: What services are available through the local health department clinics?

A: Maternal and child health services; crippled children's services; infant and preschool services; community services for the mentally retarded; and community services for the mentally ill are available in clinics in the local health departments. Also,

chest clinics for the care of tuberculosis are readily available. All local health departments will ensure treatment for venereal disease.

Vendors

Q: Who are vendors?

A: Vendors are physicians, pharmacists, dentists, hospitals, nursing homes, and other suppliers of materials and services who agree to participate in the Maryland Medical Assistance plan and who meet standards and requirements. This includes compliance under Title VI of the Civil Rights Act.

Q: Where should vendors send the reports and invoices for payment?

A: All reports and invoices—with the exception of those listed below—should be mailed directly to the State Department of Health, 301 West Preston Street, Baltimore, Maryland 21201, for payment. Local health departments are no longer involved in the payment of vendors.

Invoices for *hospitalized patients who are 65 years of age and older* should be sent to the fiscal intermediary (Maryland Hospital Service, Inc.), using the Federal form and placing on it the welfare digit number as well as the Social Security number.

Q: From whom are additional forms obtained?

A: Local health departments will requisition forms from the State Health Department.

Vendors will requisition forms from the respective local health departments.

Hospitals in the City of Baltimore may requisition forms directly from the State Health Department.

Q: How will local health departments know which residents are certified by the Department of Welfare?

A: Plans are being developed to provide the local health department with a list of certified individuals on a monthly basis, to be updated weekly. There is no scheduled date for distribution of the first listing.

ANNOUNCING . . .

The 15th Annual Mid-Atlantic Drug, Cosmetic & Gift Show sponsored by the Baltimore Metropolitan Pharmaceutical Association with the cooperation of the Maryland Pharmaceutical Association

August 8, 9, 10, 1967

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Get busy controlling things that depend on you!

—Author unknown

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Prince Georges-Montgomery County Pharmaceutical Association

The latest public relations activity of the Prince Georges-Montgomery Pharmaceutical Association is its Information Center. This involves the use of recordings on telephone equipment. An unlisted telephone number is used. In a letter to the membership two gummed labels were included, telling the members of the use of the service. That messages would be placed on the telephone daily with the latest flashes concerning pharmacy and community activity. Each member was asked to call the Information Center daily. The response and acceptance has been tremendous. In this manner we can communicate with the membership promptly, make them feel a part of the Association by having them call daily, imparting to them news of importance, as it happens. The Philadelphia Association of Retail Druggists started this activity and we believe that we are the second pharmaceutical association to have this extra benefit to the association membership. We stress this as an activity to the membership, wherein they can be kept abreast of the times.

Through our committee on Careers in Pharmacy we have brought to the attention of high school seniors and their guidance counsellors opportunity in pharmacy. Through the cooperation of the School of Pharmacy of the University and our own members, we have been able to present speakers before high school students Career Days.

This year we have a newly established committee, Speakers Committee. To this committee all requests for speakers before civic groups such as P.T.A., service clubs and you name it will be referred to. The committee is well manned and able to speak on a variety of subjects covering the field of pharmacy that will be presented in an understandable way, enhancing the prestige of Pharmacy.

As a public service through our June 1966 issue of the "Bi-County Pharmacist," we have called to the attention of our

membership the Water Quality Act of 1965 citing the need of establishing a national policy for the prevention, control and abatement of water pollution. Urged that we participate responsibly and effectively in the formation and carrying out of the policy of securing pure water supplies.

In the same issue was a state legislative roundup of 1966 legislation, highlighting enacting legislation affecting us as pharmacists and citizens of the State of Maryland.

We have urged public and association support of the Boggs Bill H.R. 14597 to amend Title 18, Section B of the Social Security Act to include drugs requiring a doctor's prescription under the voluntary supplementary medical insurance program. Our secretary has been in touch with our representatives in Congress, receiving assurances from them that they would support the Bill. Letters of commendation were written to Representatives Boggs and Samuel N. Friedel who introduced a companion bill.

At our recent Installation Dinner, we had as our guest speaker Edward R. Tully, Special Agent in Charge of the Baltimore Office of the Federal Bureau of Investigation (FBI). This was a departure from having speakers within pharmacy. Mr. Tully's topic was "Silent Witnesses" and he told the association about the workings of the FBI and how we could assist them since we were practically a law enforcing group as related to Public Health.

We are participating in programs sponsored by Retarded Children agencies of our counties. Also we are cooperating with the Maryland Pharmaceutical Association and the Heart Association of Maryland in sponsoring a program of continuing prophylaxis for patients with rheumatic fever and rheumatic heart disease. We have been informed by the local chapters of the Heart Association that 100% of the drug stores in our counties have signified cooperation!

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As a health service to our membership, we are urging our members to look after their own health: publicizing that they should have an annual check-up by their physicians and undertake a physical fitness program.

As an association service, we have published a list of zoning classification as it pertains to land in our counties. After all most of us own our own homes and other real estate properties and now when one sees a zoning sign application or reference we can understand the situation more readily.

In the field of continuing pharmaceutical education, the association has supported the annual seminars given by the School of Pharmacy, University of Maryland. This Seminar is dedicated to the memory of Robert L. Swain, an outstanding Maryland pharmacist and educator. Also seminars sponsored by the College of Pharmacy, Howard University, Washington, D. C. and by the PI Chapter of the Alpha Zeta Omega Pharmaceutical Association (AZO), Washington, D.C.

For the enlivenment of our members, we have issued a call for the formation of bowling teams.

Poison Control Week this year has been most successful. In cooperation with the Prince Georges County Junior Chamber of Commerce under the chairmanship of Martin Neuer (one of our members and a member of the Jaycees), we participated in a Clean Up of Medicine Chests campaign in conjunction with Poison Control Week. Empty barrels and signs were furnished to each participating store, urging everyone to go through their medicine chests to discard old prescriptions and medicines. As an incentive the stores were asked to make a modest contribution to Mental Retardation Groups of our counties. Radio and television spots, interviews were arranged. The cooperation we were given by NARD was appreciated. Local newspapers were enlisted in publicizing the event.

This year, for the first time, we have placed and named community activity committees on a year round basis. For instance, Poison Prevention, Pharmacy Week, Community Health Week and others. This will permit the committees to have enough time to accomplish their activities, no last minute appointments and ensuing work. For it takes time and perseverance to arrange the necessary details to put over a successful event.

The Association has been active in encouraging its membership to establish Health Information Centers in their stores. Of special interest presently is Medicare and, with the assistance of the NARD, has provided information that enables the pharmacist to provide concise information concerning Medicare.

Our meetings and programs are strong, effective and timely. Topics provided are of interest. We hold 8 meetings a year, two of which are devoted to a scholarship dinner dance and installation dinner dance, one in the fall and the installation during the month of April. Some of the topics of recent meetings: Congressman Carlton Sickles of Maryland, a representative of Social Security Administration and Joseph Cohen, Washington Representative of the NARD discussed the overall aspects of Medicare. James E. Allen, president of the Henry B. Gilpin Company on "The Better Half of Pharmacy", John H. McHugh, Director of Professional Services, Peoples Drug Stores, on "Pharmacy in Great Britain after 17 years of National Health Service". At one of our meetings we had the staff of the Washington Office of the NARD present. Mr. William E. Woods, associate Washington Representative, discussed "The Pharmacists' Future under Medicare." "Marketing Prescription Drugs," a SKF film. A panel round table discussion participated in by the membership. Dr. Richard Hill, Poison Control Branch Division of Accident Prevention U. S. Public Health Service on "Pharmacist Role in Poison Prevention." We heard our Board of Pharmacy Secretary Dr. F. S. Balassone discuss "Mary-

land Pharmacy Laws." Dr. Kenneth Euler, assistant professor of Pharmacognosy, School of Pharmacy, University of Maryland, brought us up to date on "New Antibiotics."

We are encouraging the placement of pharmacists as members of all committee and groups concerned with the public health and allied agencies. We feel that pharmacy should be included and lend a hand. We feel that we are knowledgeable people, being in daily contact with the community and aware of their needs.

The association was active in assisting in the repeal of the excise tax on cosmetics, leather goods, toiletries, etc.

We maintain an active interest in the Maryland State Department of Health, Bureau of Medical Services and Hospitals, County Medical Care Program which is certainly a most important community activity. Through our representatives, we have maintained contact, making suggestions when deemed desirable. Our membership is kept informed of the pharmacy policies and as times goes on the advent of Medicare this program assumes importance.

The association is interested in setting up American Red Cross First Aid Courses for the membership.

Our Civil Defense Committee has been expanded to include national disasters. One of our local high schools will have a Civil Defense course starting in September. We have asked our membership to take advantage of the program.

A letter went to all hospital administrators in our area regarding prescription writing by staff physicians. The response was very poor, but we feel that it is a stepping stone. At least they are aware of the association. Recently Secretary Reznick was in touch with Dr. Jensen of the Prince Georges General Hospital. Dr. Jensen is in charge of the Medical Education of the hospital's resident and intern physicians. Rubber name stamps are being provided by the hospital for the doctors, thus solving a problem which doctor to contact if need

be. Also greater care will be taken in the writing of prescriptions, especially under the county medical care program. We hope to be able to attain this degree of cooperation with other hospitals. Incidentally Prince Georges General Hospital is connected with 13 other hospitals in a phone hook up and we are hopeful of spreading pharmaceutical information.

In our Presidential message of January 1966, our then President Richard D. Parker advocated that we continue our cooperation with Poison Prevention Week to assist in educating the public as to the hazards of poisons and other matters of public health as part of the public relations obligation of the pharmacist. Continue our efforts to assure the free choice of pharmacy in Medicare, Public Welfare programs, Veterans Administration and other governmental, institutional and private services to the public through community pharmacies. Continuation of our scholarship program, to help induce and encourage careers in pharmacy. Continue to act as health centers of the community and lead in making available Medicare and other health data. Continue to urge that pharmaceutical services by community pharmacies be included by amendment under the supplementary Medicare Program. Membership urged to participate in local, state and national health programs.

Summing up this report, Secretary Reznick feels that the association is discharging and fulfilling its obligation to the membership, to look to the overall needs of its members, to provide information and action promptly when needed. That a well informed pharmacist and association is an asset to the community.

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What have YOU done
for your profession lately?

Baltimore Metropolitan Pharmaceutical Association

As the result of the success of the Annual Mid-Atlantic Drug, Cosmetic and Gift Show, sponsored by the Baltimore Metropolitan Pharmaceutical Association, it was decided to proceed with an enlarged format for August 1967.

Bernard B. Lachman, Chairman of the 1966 "Drug Show" expressed his satisfaction at the renewed interest of both exhibitors and buyers. He said the goals of the Show had been achieved, referring to the opportunity for manufacturers and suppliers to exhibit new products and services. At the same time, the Show helps pharmacists to remain competitive.

The 1966 Show was held at the Warren House in Pikesville and featured many outstanding displays and merchandise offers. Highlight was the award of a Volkswagen through Calvert Drug Company.

For the 1967 Show, the main ballroom of Blue Crest North, as well as the Warren House banquet rooms, will be available.

Manufacturers and distributors are urged to apply for a selection of choice space. Anthony Padussis has been ap-

pointed as Chairman of the 1967 "Drug Show". Mr. Padussis announced that because of the large attendance of buyers at the 1966 Show, there is greater interest on the part of exhibitors to take space at the "BMPA Drug Show".

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NEWS

Morris R. Walman of Baltimore, Chairman of the MPA Political Information Committee and member of the BMPA Executive Committee, was reelected president of Shaarei Tfiloh Congregation Synagogue.

—O—

Obituary

Dr. John Evans Wise

Dr. John Evans Wise, 70, who received the Doctor of Pharmacy degree at the University of Maryland in 1917 and had owned the Wise Drug Store at Onancock, on Virginia's Eastern Shore many years, died August 7th.

—O—

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APhA Tells Congress Why Profession Opposes Physician Ownership

The profession of pharmacy opposes physician ownership of pharmacies because the highest quality of pharmaceutical service can be provided most economically only when pharmacists are free to develop, manage and control their own professional practices.

This was the point made by the American Pharmaceutical Association when its Executive Director, William S. Apple, testified before the Subcommittee on Antitrust and Monopoly of the Committee on the Judiciary of the U.S. Senate. The Subcommittee concluded two weeks of ownership hearings.

"Rebates, percentage leases, physician ownership of repackaging firms and physician ownership of pharmacies are all cut from the same cloth—a shroud which covers up practices which are inimical to the public interest. They are all unethical and should be so branded," Dr. Apple told Senator Philip A. Hart, Subcommittee Chairman, and others present at the hearing.

Referring to efforts by the national professional society of pharmacists to resolve the physician-ownership problem with the American Medical Association, Dr. Apple assured the Subcommittee that the efforts will continue since the "professions have the primary responsibility of protecting the public interest in these professional matters."

Dr. Apple traced the history of physician ownership, noting that it was a prime interprofessional problem 100 years ago, and that the code of ethics of the APhA has since 1852 prohibited physician-pharmacist clandestine arrangements.

"Some physicians have found 'ownership' a . . . sophisticated way of profiting from their prescribing activities . . ." Dr. Apple reported. "Imprinted prescription blanks, coded prescription orders, direct telephone lines and other contrivances virtually assure that all patients of the

physician-owner will patronize the pharmacy of the physician's choice. The patient is an unknowing captive of a monopolistic design."

Dr. Apple then showed, by example, how physician group practices in clinic facilities could create arrangements between physicians and pharmacists under which the patient is exposed to probable economic exploitation. He noted that "business management groups" are encouraging physician ownership of pharmacies to amortize the cost of a group medical building by including a pharmacy, convincing physicians that pharmacy profits can carry the building cost load. This group has most effectively opposed efforts by AMA leaders to resolve the interprofessional problem of physician ownership, he said.

If ownership is unethical for one, then it is unethical for both physician and pharmacist, Dr. Apple pointed out. Because of this, APhA has been meeting with AMA to develop a physician-pharmacist code of understanding that if adopted nationally would spur state and local action.

"This Committee will have performed a most useful function . . . if the Congress . . . makes it perfectly clear that efforts . . . to enforce a code of understanding . . . in the public interest will not be a violation of the anti-trust laws."

Dr. Ralph Shangraw, Associate Professor at the University of Maryland School of Pharmacy recently presented a lecture on timed release pharmaceuticals to the professional staff of the U. S. Public Health Services Hospital in Baltimore. The lecture was the first presentation in the area of pharmacy to be included in the Basic Science Series of lectures held weekly for physicians, pharmacists, dentists, nurses and physical therapists. Dr. Shangraw reviewed the theory, formulation and manufacture of sustained release dosage forms, and pointed out individual as well as overall advantages and disadvantages.

Yes, Insurance is a Problem

There is no doubt about it.

It is true that several kinds of your insurance, other than life, health, hospitalization and retirement are a real problem.

Likely you, along with most of us, have been tempted to kick every insurance agent out of the place and chuck the whole idea. Who needs insurance anyway?

An insurance policy is expensive, hard to read, and almost impossible to fold back into the envelope. One newspaper columnist recently called it a "lot of bafflegab, filled with doubletalk and impenetrable murk". The jokes about the fine print are legion.

However ——— !

Don't give up your insurance!

Please do read the policy, even though it be complicated and confusing. Ask your agent to explain it in detail. He will be glad to prepare an outline of your coverage, in writing if you want. Such is a part of his job in serving you.

Your insurance policy is a contract between you and the insurance company. It is possibly your most important business or personal document. Therefore, you must understand it and have a general idea of its terms and provisions.

You must preserve it carefully. Keep it in a safe place, available when needed for reference. Do not keep your store policy at the store, nor your home insurance at home. Keep the policy away from the premises, so that it will not be destroyed if the premises are destroyed.

However, if the policy is lost or destroyed, from whatever cause, do not be dismayed. A copy is available from your agent and from the insurance company. Even when the policy is lost in a fire or other catastrophe, you are still protected and a copy will be provided

Actually, the policy you keep is just for your own information and for reference when needed.

Admittedly, the policy is involved and complicated in composition and arrangement. It has to be to provide you with the coverage desired. Its provisions have been revised and reviewed frequently and every attempt has been made to simplify its arrangement into its most understandable form. Its terms have been construed by the courts over many years to better define what is intended. Whenever any provision is found to be subject to different interpretations, or is ambiguous, the courts will construe it in favor of the policyholder.

Practically every insurance policy contains a "Liberalization Clause" for your protection. This provides that whenever the standard policy or forms are revised to extend the coverage, to improve the wording or to grant additional protection, your policy will also contain these more liberal provisions. This is important to you and valuable, especially when you consider that most policies are written for three years, during which time changes may develop in the standard forms.

Policy forms and terms are standardized for use by practically all insurance companies. This is closely regulated by the various state insurance departments, for the protection of policyholders. You are thus guaranteed that all licensed insurance companies will provide uniform coverage under standard forms. The amounts of coverage and the various kinds of insurance to be provided are not so regulated, so as to permit you to determine for yourself what perils and hazards you wish to insure.

Some coverages, however, are automatically combined in the standard forms so as to be included without question and at no additional cost. For

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instance, the standard fire policy, without any endorsements or additions, will automatically cover damage by lightning. The Extended Coverage Endorsement, which is usually added to a fire policy, provides coverage on damage by wind, hail, riot, falling objects, automobiles, smoke and other such hazards. These matters are included in the standard form. Burglary coverage also takes care of the damage done by the burglars in breaking and entering. There are many other examples.

Your insurance policy will set out in detail and in understandable wording what must be done when a loss occurs. This provision is clearly headed and designated so that you may easily locate it and follow its instruction. The principal instruction will always be "to notify the company" as soon as possible. This can be done direct to the company or to an agent of the company. The agent's name and address will appear on the policy. Then the other instruction contained in this provision must be followed. In this you will be assisted by the agent, company and likely by an adjuster. From this point the determination of the amount of loss will go forward with all parties working together.

Every retail storeowner, like most every homeowner, will carry several kinds of insurance. The problem of determining what kinds, how much, where to get it and how to arrange it, is not easily resolved. Here you should call upon professional, expert assistance. You are due such service from any licensed insurance agent who may wish to work with you. This comes to you without obligation and without cost. He is compensated, in most cases, by the insurance company into which he places your coverage. That company will also have seen to his ability and competence. He will have studied diligently and will have passed a state license examination. You can place confidence in him as one who knows his business and who will handle your insurance problems with integrity.

In consultation with this professional insurance agent, you will develop your own ideas of the insurance which you will need to provide you with the protection desired, against the hazards and permits to which you are subject, at a cost which you wish to pay. There are some lines of insurance which are a practical necessity, some lines are pure luxury, some are in a fringe class, nice to have, but not at all mandatory.

All of this can be considered in a meeting with your insurance agent. Each kind of insurance, as well as amounts, arrangements and other details will then be brought to your attention. A discussion of such in this article would be far too lengthy to be worthwhile. Future articles can consider some of these points.

The community pharmacist is especially fortunate in having available to him a number of insurance companies, represented by expert agents, which specialize in pharmacy and professional pharmacist insurance. These companies have many years of experience in pharmaceutical insurance matters. The cost of their service is usually well below that of other companies, although cost alone is not nearly as important as is their true usefulness to you in making their knowledge available. The representatives of these druggist companies are often registered pharmacists themselves, or if not, are well trained and experienced in being of assistance to you. Most pharmacists now make use of one or the other of these companies and find real advantage in so doing. You should investigate if you do not now use their services.

There will be future articles on drug-store insurance which will discuss some of the details of the various kinds of coverage. These will cover, among other things, the advantages and disadvantages of the newer package policies on drug-stores. Loss adjustments will be reviewed, covering fires, windstorms, riots,

burglary and the like, as will other subjects.

One final word—not only does adequate insurance coverage maintain peace of mind, it actually saves the solvency of thousands of pharmacies each year.

Consult with your agent.

"The saddest words of voice or pen after a loss are—

'Not insured—but should have been'."

— o —

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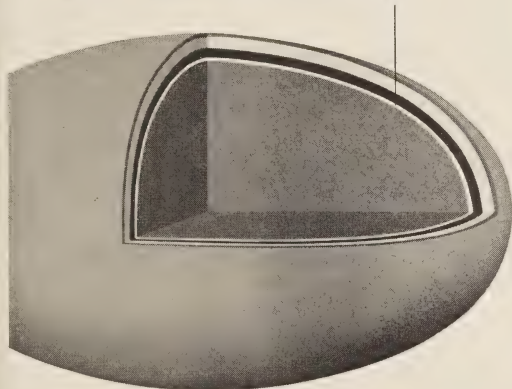
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLII

NOVEMBER 1966

No. 2

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PATRONIZE OUR ADVERTISERS

Editorial

As the year draws to a close it is almost inevitable that we seek to review the past year and at the same time it is incumbent upon us to try to look ahead.

During 1966 pharmacists began to feel the results of expanded state and federal programs which involve health care.

The state medical care programs for the indigent, medically indigent, aged, dependent children and the blind are now under the Maryland State Medical Assistance Program. This overall program is administered under federal guidelines of the Department of Health, Education and Welfare as authorized by Titles 18 and 19 of the Social Security Amendments of 1965. Title 18 is known as "Medicare" and Title 19 as "Medicaid".

The expanded programs and the taking over of the Baltimore City program by the State on July 1 resulted in a great deal of confusion regarding policies, delay in payments and partial payments.

The pharmacist representatives on the official state bodies and the Association have been deeply and continuously involved in the many facets of this program. The Executive Secretary is devoting considerable time and effort to the many problems developing out of these governmental programs which now affect so many pharmacists.

It is important to note that as a result of these efforts the Maryland Pharmaceutical Association was able to arrange for immediate advance payment to pharmacists awaiting reimbursement until the processing of prescriptions submitted can be completed.

Great progress has been made in developing equitable pharmacy policies and in obtaining proper remuneration for pharmacy services. The prospects for continued progress in 1967 are excellent.

As the various provisions of federal medicare go into effect you will be represented and you will be kept informed through meetings, seminars and bulletins.

At the same time the Maryland Pharmaceutical Association is giving great attention to developing a prescription pre-payment plan for the state, and in improved pharmacy practices in the following areas: nursing homes, hospitals, voluntary health agencies and clinics.

Pharmacy legislation, inter-professional liaison with the health profession, and public relations are also of high priority. This year a professional public relations firm has been retained to help project the contributions of pharmacy in Maryland to the public health and welfare.

This ambitious program only touches on the multitude of problems your state professional society accepts as its responsibilities. Every effort will be made to mobilize all of the human, organizational and material resources of pharmacy in order to accomplish our goals for the profession and for the public's health requirements.

SEASON'S GREETINGS

AND

BEST WISHES

FOR THE NEW YEAR



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President's Message

Dear Fellow Members:

At this time I would like to present to you the following propositions:

"Unity is Strength"

"There is strength in numbers"

"Action speaks louder than words"

Let us discuss these propositions as they pertain to our membership in Maryland Pharmaceutical Association. We in the MPA are striving to uplift the image of Pharmacy to the public. We have engaged the firm of Shecter and Levin as our Public Relations advisors to promote the image of Pharmacy to the stature that is worthy of every member of our profession. This process demands a unity in our action and thinking, thereby giving us, a true profession, the strength in our ability to act for our own benefit. We must be unified so that we may be able to promulgate rules and regulations that will control the distribution and use of drugs. We need your help by being active and productive members. You can help by soliciting your friends and neighbors who are registered pharmacists to become members of MPA and with this action we arrive at the second proposition;—"There is strength in numbers."

In Maryland we have a possible membership of about 1500 pharmacists, and yet we have only passed the 700 mark. It is incumbent for each and every one of us to bring into the state association those pharmacists that do not realize the value of MPA. By having a large majority of our pharmacists as members, we are in a better position to procure legislation to better our position in our communities.

Our third proposition, "Action speaks louder than words," is brought to your attention because, as members of this Association, you should actively support its programs by being a member of some committee and showing your particular community that you think highly of your profession by actively engaging in the running of your association. We need young men with fresh ideas and energy to implement these ideas. Don't sit back and let the other fellow do it. **It is your profession—you are important. Make it important to you.**

Sincerely,

MORRIS R. YAFFE

President

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301 WEST PRESTON STREET
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Pharmacy Changes

September 8, 1966

The following are the pharmacy changes for the month of August, 1966:

New

Drug Fair No. 93, Milton L. Elsberg, Pres., 2855 Smith Avenue, Baltimore, Maryland 21209.

Hospital Pharmacy Service, University Nursing Home, Saul Reiter, 901 Arcola Avenue, Wheaton, Maryland.

Leisure World Foundation Pharmacy, Robert Carruthers, Pres., 3701 Leisure World Blvd., Silver Spring, Maryland.

Peoples Service Drug Stores, Inc., No. 115, G. B. Burrus, Pres., 6920 Laurel-Bowie Road, Bowie, Maryland.

Safeway Super S, Robert A. Magowan, Pres., 101 Bowie Road, Laurel, Maryland.

Sav-on Pharmacy, James W. Poindexter, Prop., 3816 Liberty Heights Avenue, Baltimore, Maryland 21215.

Changes Of Ownership, Addresses, Etc.

Albrecht's College Pharmacy, Inc., Jack Borenstein, Pres., 7423 Baltimore Avenue, College Park, Maryland. (Formerly, William F. Albrecht, Pres.)

Cherry's Prescription Pharmacy, Inc., Bernard Cherry, Pres., 4627 Harford Road, Baltimore, Maryland 21214. (Changed from individual ownership to a corporation).

Randallstown Pharmacy, Bernard C. McDougall, Pres., 9004 Liberty Road, Randallstown, Maryland. (Formerly, Walter G. Musgrove, Pres.).

No Longer Operating As Pharmacies

United Whelan Corporation, Martin S. Ackerman, Pres., 4500 Edmondson Avenue, Baltimore, Maryland 21228.

Sachs Rx Pharmacy, Albert & Joline Sachs, 1538 N. Caroline Street, Baltimore, Maryland 21213.

October 20, 1966

The following are pharmacy changes which occurred during the month of September, 1966:

New

William C. Chatkin, Chatkin's Holiday Acres Pharmacy, Route No. 2, Smithsburg, Md. 21783.

Drug Fair No. 62, Milton L. Elsberg, Pres., 6309 Livingston Road, Oxon Hills, Maryland 20021.

Drug Fair No. 95, Milton L. Elsberg, Pres., 10761 Indian Head Highway, Oxon Hill, Maryland 20022.

Drug Fair No. 100, Milton L. Elsberg, Pres., 115 Marlboro Avenue, Easton, Maryland 21601.

Harlem Park Ethical Pharmacy, Inc., Wesley Shelton, Pres., 925 Harlem Avenue, Baltimore, Maryland 21217.

Peoples Service Drug Stores, Inc., No. 225, G. B. Burrus, Pres., Clinton Plaza Shopping Center, 8859 Branch Avenue, Clinton, Maryland.

The Read Drug and Chemical Company, Arthur K. Solomon, Pres., 4500 Edmondson Avenue, Baltimore, Maryland 21229.

No Longer Operating As Pharmacies

Beach Drugs, Inc., William Malone, Pres., Bay Avenue, North Beach, Maryland.

Peoples Service Drug Stores, Inc., No. 48, G. B. Burrus, Pres., 5326 Baltimore Avenue, Hyattsville, Maryland.

Change Of Address, Ownership, Etc.

Hollywood Drugs, Inc., Leon Rosenberg, Pres., 10001 Rhode Island Avenue, College Park, Maryland. (Formerly located at 9925 Rhode Island Avenue).

S. K. Pharmacy—Greenbelt, Inc., Jack Schwadron, Pres., 6000 Greenbelt Road, Greenbelt, Maryland. (Formerly S. Klein Prescriptions of Md., Inc., Jacob E. Margolis, Pres.)

November 23, 1966

The following are changes in pharmacies which occurred during the month of October, 1966:

New

Drug Fair No. 9, Milton L. Elsberg, Pres., 7959 Baltimore-Annapolis Blvd., Glen Burnie, Maryland.

Drug Fair No. 96, Milton L. Elsberg, Pres., 2027 West Street, Annapolis, Md. 21401.

Harford Park Pharmacy, Inc., Nicholas B. Mangione, Pres., 7112 Darlington Drive, Baltimore, Maryland 21234.

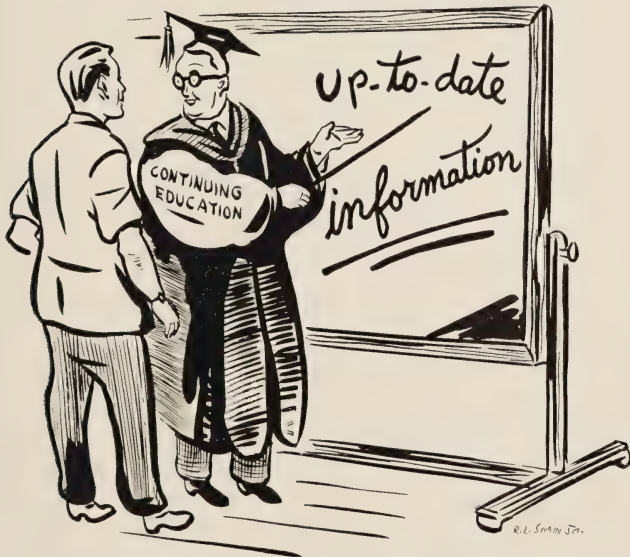
No Longer Operating As Pharmacies

Bethesda Pharmacy, Rudolph R. Yaros, 6822 Wisconsin Avenue, Bethesda, Maryland.

The Read Drug & Chemical Company, Arthur K. Solomon, Pres., 201 N. Charles Street, Baltimore, Maryland 21201.

Change Of Ownership

Hughesville Pharmacy, Arthur H. Wear, Prop., Md. Rt. No. 5, Box 38, Charlotte Hall, Maryland. (Formerly: Marion S. Hamer, Prop.)



A WELL-INFORMED PHARMACIST IS A COMMUNITY ASSET

Life of L. M. Kantner as a Pharmacist

By ROBERT O. WOOTEN *



L. M. KANTNER

Dr. Leahmer Mead Kantner was born in Martinsburg, West Virginia, December 26, 1886. He finished high school in his own town at the age of seventeen and was offered work in a pharmacy at \$5.00 per month for six months, and in two months, due to interest in the work, was raised to \$8.00 per month.

Laborers at that time received 50c or 75c per day, carpenters \$1.00 or \$1.25 for a 10 or 11 hour day, physicians received 50c for an office visit and \$1.00 for house calls. A good-looking pair of shoes cost \$5.00, and one could enjoy a movie for 5c. In 1966 Dr. Kantner refers to the difference in cost of living with that of 1903 and commented that as he had practically no obligations in 1903, he spent his salary for pleasure and "nick-nacks".

He remained in his first employment for two years and then accepted a position at \$25.00 per month, but as money was not an incentive for him, he thought it expedient to make a connection with

a somewhat professional pharmacy with no soda fountain or side-line to any extent, the business to a marked degree limited to prescriptions, drugs and sick-room supplies, and at the request of the proprietor aided him in having the neighboring drug stores closed on Sunday from 1 P.M. to 6 P.M.

Recognizing the advantage of a college education in Pharmacy, Leahmer M. Kantner in 1907 disregarded the advice of his employer, became a student in the School of Pharmacy and received the diploma of Phar. D. in 1909, at which time the school required four years of practical experience.

He accepted a position in Charleston, W. Va., but returned to Baltimore after four or five months to secure a position in his adopted city. This position was with Andrew Heck, who conducted a pharmacy at Patterson Park and Ashland Avenues where the customers were mostly of foreign birth, knowing little English, and a young man in the front of the store acted as an interpreter.

Several months later Dr. Kantner accepted a position with W. L. Campbell, whose pharmacy was located at Park and North Avenues. At that time—1900—that was one of the finest sections of the city and patrons included judges, both from the United States Courts and the Supreme Bench of Baltimore, as well as Baltimore and Ohio Railroad Officers, professors from the Johns Hopkins University and leaders of commercial enterprises. It was the duty of Dr. Kantner to sleep over the store and answer night calls. He recalls the night scenes of providing Sal Hepatica at 5 A.M. and a call at 8 A.M. for a prescription that had been carried for three days when the wife had a sudden attack and was in great pain. He filled the prescription with the thought of charging extra for such early service and was surprised when the husband offered

*President, Baltimore Veteran Druggists' Association, with the collaboration of B. Olive Cole.

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to pay extra for the call. Both of these incidents, and many more, showing willingness to accommodate patrons, brought return customers to the pharmacy and extra money for night service.

In 1915 Mr. Campbell was anxious to open a branch pharmacy, which he located in the Guilford-Manor Apartment at University Parkway and Bishop's Road, one block west of Charles Street and Dr. Kantner became a partner in this store. Mr. Campbell made a trip to New Jersey in 1917, and while waiting for his train to return home, died. This was a terrific shock, losing a friend and a fine gentleman in every sense of the word. The war was on and Dr. Kantner was in Class A, subject to call for service at any time. With two pharmacies and help almost impossible, it was necessary for Dr. Kantner to arise at 7 A.M. and retire around midnight, seven days a week. Mr. Campbell's attorney appeared before the Draft Board and secured for Dr. Kantner a more deferred class. The Guilford store was sold after six months and Dr. Kantner maintained the Park Avenue store until 1940. When the flu epidemic broke out all pharmacists were exempted from military duty.

Dr. Kantner was appointed to the Maryland Board of Pharmacy in 1934 by the late Governor Albert C. Ritchie, and was reappointed by Governors Lane, O'Connor and McKeldin.

In 1940 Aquilla Jackson was appointed Deputy Food and Drug Commissioner, succeeding Dr. Robert L. Swain, and also served as Secretary of the Board of Pharmacy. Mr. Jackson was stricken at his office and died the next day. Dr. Kantner had taken and passed the examination for Deputy Food and Drug Commissioner and was asked to accept the position. Dr. Kantner cited Dr. Robert L. Riley, Chief of Board of Health, as having a rare faculty of knowing how to manage subordinates.

During the period 1940 to 1955 pharmacists were able to secure needed bills from the Maryland Legislature, including the prohibition and sale of dangerous drugs recovered from fires, floods, etc., and also penalties for violation of narcotic and other laws. Dr. Kantner remembers a conversation with a Senator from Prince Georges County following a meeting in the committee room, the Senator complaining that he had been charged \$12.00 for twelve tablets for an infection of the nose, and advised the Senator that fifteen years previous such an infection would likely have caused a funeral, following an infection of the brain. The effect was that the Senator returned to the committee hearing and supported the bill.

It was the rewarding experience of Dr. Kantner that when the Health Department appeared before the Legislature on proposed bills and presented the truth, every consideration was given to the proposed legislation if it was in the interest of public health.

In 1955 when Dr. Kantner decided to retire on October 1st and talked the matter over with the Health Commissioner Dr. Perry H. Prather, he stated that he would much rather leave the Health Department "when you wanted me to stay, than stay when you would rather have me resign."

Dr. Kantner advocated that pharmacists should consider the law and abide by it—to look upon law and regulations as guides or rules for the orderly conduct of operation and to comply with the law in respect to the profession of pharmacy and uphold the character of the pharmacist. From 1940 to 1955 Dr. Kantner was known as a fair and conscientious Deputy Food and Drug Commissioner and Secretary of the Maryland Board of Pharmacy and assisted many pharmacists in the preparation for and the conduct of their professional business. He is still remembered with favor and confidence and wished a long and enjoyable life.

Dr. Kantner has found time to attend the Maryland Institute and enjoys the hobby of painting pictures. He also has enjoyed travelling, not only in the middle west and Canada, but has made two trips abroad, the first included London and Edinburg in 1961, and the second included Holland, Denmark, West and East Berlin.

Dr. Kantner has an envious record in connection with the projects and organizations of pharmacy: active in the American Pharmaceutical Association, member of the Legislative Committee for a number of years, member of the American Foundation for Pharmaceutical Education, President of the Baltimore Branch of the American Pharmaceutical Association, member of the National Association of Retail Druggists, Vice-President of District No. 2 Boards and Colleges of Pharmacy, President of the Maryland Pharmaceutical Association in 1932, associated with the Central Atlan-

tic States Food and Drug Officials and the Baltimore Conference of the Food, Drug and Dairy Officials; member of the Rho Chi Society and of the Baltimore Veteran Druggists' Association; in civic life a Mason, an Elder of Brown Memorial Presbyterian Church; Torch Club; Vice-President of Park-Royal Improvement Association.

In 1953 Dr. Kantner was honored by election as Honorary President of the Maryland Pharmaceutical Association.

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Medicare and Pharmacy Services

GEORGE F. ARCHAMBAULT, LL.D., D.Sc.

Presented at the Fall Regional Meeting of the Maryland Pharmaceutical Association, October 13, 1966

My task today is a simple one—that of discussing pharmacy services as outlined in the Conditions of Participation for Hospitals and Extended Care Facilities under Title 18 “Medicare” — health insurance for those 65 and over.

First though, I have the pleasure as the Pharmacy Liaison Officer to the Office of the Surgeon General to bring to you the personal greetings and best wishes of the Surgeon General of the United States Public Health Service—Dr. William Stewart. Those of you who know him as I do, know of his deep and abiding interest in pharmacy and the proper distribution of **quality** medications. I bring also the greetings of Dr. “Medicare,” Dr. John Cashman of the U. S. Public Health Service’s Division of Medical Care Administration. This is that segment of the PHS responsible for the professional standards of Medicare.

Let’s you and I now look at the professional responsibilities of pharmacist under Title 18—Medicare.

Title 18 states that beneficiaries under the Act are not to receive **substandard** medical care. They are to be brought onto the “main line” of medical care whereby free choice of physician, hospital, nursing home and pharmacy, as now prevails in the private sector of medicine will be their right.

However, having made this statement about **quality care**, I would point out that the health professions and the Nation are indeed worried about our abilities to deliver top quality care. Under Secretary of Health, Education, and Welfare, Wilbur Cohen, states we are short 150,000 hospital beds and over 300,000 nursing home beds. Dr. Bonnett, Past President of the Ameri-

can Hospital Association, is quoted in a U.S. NEWS AND WORLD REPORT of March 7 as follows: “Some 45 percent of our hospitals do not have a pharmacist on their staff in spite of the fact that the number of full- or part-time pharmacists in hospitals was 6,000 in 1962.” He estimates 10,000 will be needed by 1975. Mr. Oddis of the American Society of Hospital Pharmacists predicts 15,000 will be needed by 1975 and of course we are short, terribly short, of other health manpower such as physicians, nurses and others. All professions involved must increase their manpower in the years just ahead and this means active recruitment programs by all of us in the health field.

Drug Utilization in the U.S. and “Medicare” Impact

Let us now look at the drug utilization picture of this country. We have noted, in recent years, a fairly steady 5 percent annual rise in the use of “ethicals.” It has been reported by authorities that somewhere between 25 to 30 and up percent (some say as low as 16 percent and others as high as 40 percent) of the domestic ethical drug sales are now made to hospitals.

The 1963 Census figures¹ report a \$2,046,843,000 “ethical” volume which is 69.4 percent of all pharmaceutical sales. Using the 30 percent hospital utilization factor, a percentage I personally consider low, \$614,052,900 would have been the 1963 volume in ethicals to hospitals. The 1964 Census figures for domestic and exports is cited at 3.141 billion, again **up** about 5 percent from 1963—and add to this some 150 million dollars for biologicals.

The trend then, with no interfering national upheaval, would appear to be a continuing 5 percent increase—or an increase of some 3-plus million an-

1. S.I.C.—2834.—Bureau of Census.

nually—but again let's look, — how about the impact of the prepaid insurance program for hospital and nursing home care for those 65 and over? What happens to this 5 percent growth factor when this activity comes into full bloom.

Seventeen to 19 million people are now guaranteed paid bills for hospital and specialized nursing care (Extended Care Facilities will follow next January 1). These people, to some extent at least, will more frequently use our present health facilities. Unquestionably then, the "ethical" drug utilization for **diagnosis and treatment** by this senior citizen group will also increase.

When we take note that last year, pharmacists dispensed somewhere between 832 million and 965 million prescriptions*, and according to Gosselin this year we are already over the billion mark, I am sure we all agree, with 41 plus percent of the Nation's hospitals now **without** pharmacy service, and soon to have one on a full- or part-time basis, our role here will surely take us well into the second billion mark per year as Medicare "tools up" and gets underway.

There will be more prescriptions dispensed in the community pharmacies of the Nation than ever before as a direct result of "A" of Title 18 of the Social Security Amendments Act of 1965, to say nothing of the impact of the population explosion, Title 19 and the Heart, Stroke and Cancer Act or Regional Medical Centers. These medications, of course, as to community pharmacies will be for those small hospitals and extended care facilities that do not have a full time pharmacist and pharmacy.

Physician Utilization Trends

Next, let us—in connection with medical care and Medicare, look at some of the trends concerning the *role* of physicians in the hospital and clinic atmos-

pheres. Here we see two significant changes occurring:

1. We note that an increasing number of physicians are leaving private practice. Excluding the Federal Government, the statistics are running as follows: in 1931 about 86 percent of all physicians were in private practice; in 1964 private practice accounted for but 63 percent of the practitioners, a decrease of some 23 percent in 33 years.²
2. Secondly, we note the increasing number of doctor's offices in hospital financed buildings.³

What has this to do with future of pharmacy and drug distribution? Ten years ago, in answer to that question, I stated at the 5th Annual Rutgers Conference that, "In my opinion, this means the American people are insisting more and more on the right to purchase their normal medical care in a better, more convenient and simpler package than in the past; a one-stop package if you please, where they may receive laboratory work-up X-ray and prescription services under the same roof where they are diagnosed and treated."⁴

So, today, I repeat—watch this trend continue to grow, not only in more of our general short-term medical and surgical hospitals but also as physician office buildings, and as wings of hospitals or as separate buildings on hospital property. "Medicare" is bound to accelerate the tempo of this movement. Doctors, more and more, will be attracted to full-time hospital and nursing home positions, as medical centers for stroke, cancer, heart and geriatrics become intertwined with the great teaching medical research centers of our universities.

Medicare

One basic point we all need remember when discussing Medicare is that

2. Progress in Health Services, Health Foundation Institute May-June 1964.

3. Doctor's offices in Hospital Financed Buildings—The Foundation for Management Research, Chicago, Illinois (1963).

4. "Important Quotes"—Fifth Annual Rutgers Pharmaceutical Conference 1965.

* Drug Topics—2/7/66, p. 8—Table—Number of Prescriptions Filled 1965. American Druggist, 3/14/66, p. 11 —total number of prescriptions filled last year by U. S. pharmacies.

in itself, it does not offer medical service of any kind. Simply stated, *Medicare* is a Federally financed system of *paying* hospital and medical bills. Our senior citizens choose their doctors who diagnose and prescribe the treatment and the *place* of the treatment.

Pharmacists and Medicare

Responsibilities for pharmacists under Title 18 of Medicare are really **three** in number—the first two are but extensions of the present professional roles of community pharmacists as prescription specialists and as experts on convalescent supplies and equipment. The third role is a **new role** for many community pharmacists—that of pharmacy service and drug consultant to the small hospital and/or nursing home.

Let's look at the **third** role first. This is the new, exciting and challenging role for many community pharmacists—that of pharmacy consultant for a fee to small hospitals and extended care facilities. Community pharmacists, interested in this assignment, would do well to discuss this matter with hospital pharmacists—for most hospital pharmacists are practicing in hospitals already accredited by the Joint Commission and their pharmacies are automatically included in Medicare if their hospital participates. Hospitals and Extended Care Facilities **not** approved by the Joint Commission must, of course, be surveyed by the State health department and must be in **substantial compliance** with Medicare's "Conditions of Participation" to participate. These for the most part will be those needing consulting services of community or hospital pharmacists on a part-time basis.

Just what does this "Pharmacy Consulting Service" consist of—let's spend a few minutes in this area—I'm sure the leads we mention will direct our thinking to others. First, we advise community pharmacists entering this specialty area to obtain copies of the "Conditions of Participation for Hos-

pitals" and the same for Extended Care Facilities and for Home Health Care Agencies—three texts in all, and that they familiarize themselves with the Pharmacy Conditions, Standards and Factors as spelled out in these documents; also, it would be advisable to obtain from the American Society of Hospital Pharmacists, **copies of the various Statements of Principles involving Pharmacy Service in institutions** as approved by the American Society of Hospital Pharmacists, American Hospital Association, American Medical Association, and others. One needs to be familiar with the contents of **all** of these documents if one is to truly serve as an intelligent institutional pharmacist advisor.

Obviously, sound medical and hospital administrative practice, in addition to direct prescription service, requires the employment of a pharmacist, part-time, to advise the small hospital or nursing home administrator and the physicians and nurses connected with them, on medication utilization and proper pharmacy service in these facilities. Here is where the pharmacist is called upon to develop and implement policies and procedures. This requires that the consulting pharmacist, be he from hospital or community practice, in consultation with the medical, nursing, and administrative staff develop and issue a **Policy and Procedural Manual**. We refer, of course to medication evaluation, selection, procurement (an understanding of the how's of buying **quality** pharmaceuticals in a competitive market), storage, compounding, dispensing and drug administration. This means the development of a policy and procedural manual, as well as keeping an **up-to-date formulary or drug list** as developed by the pharmacy and therapeutics drug committee.

Therefore, in this area of consulting work, when the surveyor arrives from the State health department or from the Joint Commission, the surveyor, from now on, will ask to review the

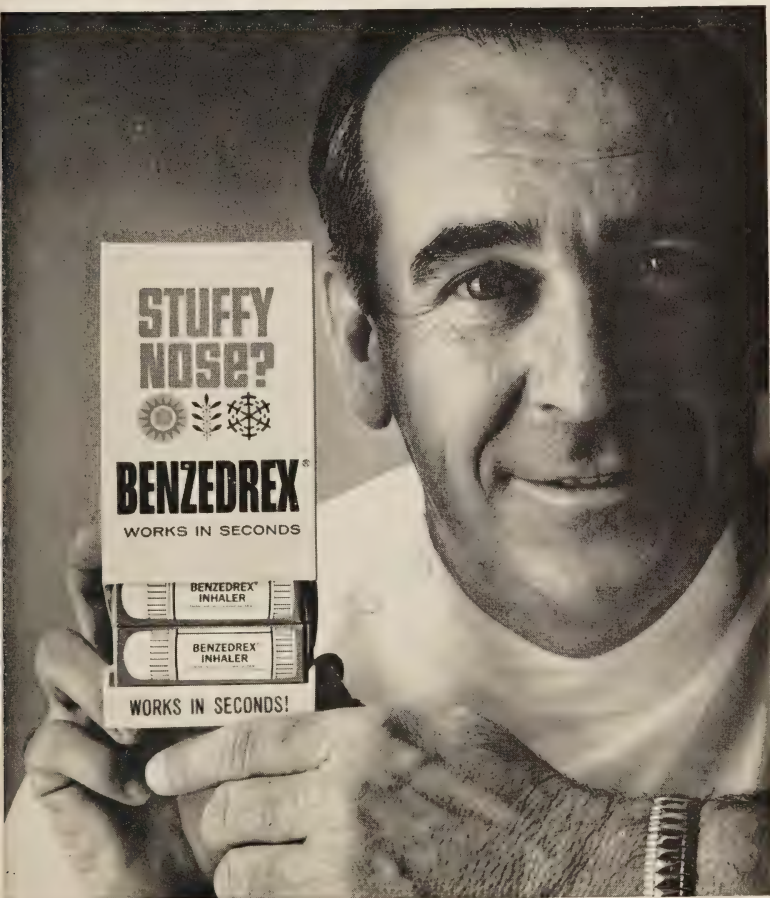
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following documents with the Consulting Pharmacist and he, of course, must be familiar with their contents.

1. The Pharmacy Procedural and Policy Manual that spells out the why and how procedures to follow in medication controls.
2. The Formulary or Drug List.
3. The Minutes of the Pharmacy and Therapeutics Committee meeting for the last year or two (minimum of four meetings a year are required by the Joint Commission).
4. The Reports of Inspections made by the pharmacist of the Nursing Station Medication Centers.
5. Investigational Drug and Adverse Drug Reaction Reporting procedures as well as those for medication errors, and
6. The annual Pharmacy Department Report to the administrator.

For this Consulting Service, the part-time pharmacist, of course, will be paid a fee—based on an hourly, monthly or annual retainer rate. This is a legitimate medicare cost in operating a small hospital or nursing home as it is in a large hospital. Normally, it is expected that this consulting service will be furnished by the same community or hospital pharmacist that provides the individual patient and floor stock medications. To use a different pharmacist as a consultant is not necessary or required for the P & T Committee, the Utilization Review Committee, the State and Joint Commission Surveyors as well as the fiscal agents will be in continuous audits of the program.

Matters covered under the consulting role will be of interest to you—let me list some items the surveyor from the state health department will be making inquiry of:

- (a) The automatic stop order policy on drug administration.
- (b) Control systems for (1) narcotics, (2) alcohol and spiritous liquors, and (3) barbiturate, amphetamine and certain stimulant and depressant medications (medications

controlled by the FDA 1965 Drug Abuse Act).

- (c) Controls on investigational drugs.
- (d) Handling of physician's medication samples.
- (e) Policy on use of medications at patient's bedside. (Self administration of medications by patients is *not* permitted except for emergency drugs on special orders of patient's physician or in a pre-discharge program under the supervision of a licensed nurse.)
- (f) Emergency drug kits (contents and inspection procedure).
- (g) Periodic inspection of nursing station medication centers and type report required to ensure
 - (1) That external medications are kept apart from internal use drugs.
 - (2) That biological refrigerator has a thermometer, that temperature range of refrigerator is 35.5° to 50° F. (Ice cube section used for smallpox, yellow fever, measles and polio vaccines, if stocked, and of types requiring below freezing storage.) Biologicals may also be kept in a general use refrigerator providing they are stored in a separate box.
 - (3) That there are no outdated medications (antibiotics, biologicals, etc.)
 - (4) That medication cabinets are kept locked.
 - (5) That Metric-English weight and measure conversion charts are at each nursing station medication center.
 - (6) That working text references on drug uses, side effects and contraindications, such as the American Hospital Formulary Service of the American Society of Hospital Pharmacists are at nursing station medication centers.

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- (h) Policy on medication labeling and changing containers (only by a pharmacist using light resistant-tight containers).
- (i) Policy and procedure on removal of medications from pharmacy in absence of pharmacist (only by a nurse).
- (j) Policy and procedure on medications to be taken home by the patient (only on written authority of physician and only to use up supply already issued and properly labeled or sufficient to last until community pharmacy can be contacted).
- (k) Reporting adverse drug reactions to FDA or AMA.
- (l) Reporting medication errors.
- (m) Pharmacy or store room inventory control system including the dating of stocks on receipt.
- (n) Macroscopical (light-testing) examination of parenterals. (Good pharmacy practice requires such testing.)
- (o) Policy concerning additives to parenterals (by pharmacist only, if possible).
- (p) The creation and activities of the Pharmacy and Drug Therapeutics Committee including the keeping of written minutes of meetings (at least four meetings a year).
- (q) The establishment and maintenance of a formulary or drug list.
- (r) Fire control provisions, (1) alcohol vault, (2) type fire extinguishers, (3) fire blankets, (4) fire sprinklers.
- (s) Qualifications of pharmacist (must be licensed in state, etc.)
- (t) Policy on record keeping (5 years—Federal Statute of Limitations on crimes not capital).
- (u) Policy on Poison Control Center communications and references. (How and whom to contact, etc., good emergency pharmacy service procedure.)

(v) Audit of narcotics and other special drugs at nursing stations.

- (w) An "official" list of medical-drug abbreviations approved by the medical staff of the hospital, such as, t.i.d., p.r.n., etc.

Let's you and I now bring into closer focus the other two roles that pharmacists play in Medicare.

1. PRESCRIPTION DISPENSING

The "Conditions of Participation" as to Hospitals and Extended Care Facilities are sharp and clear on this point.

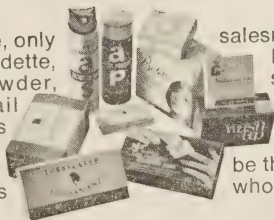
Hospitals and Extended Care Facilities without the services of full-time pharmacists—that **do** provide medications for their inpatients as part of their services **are** to have such prescriptions dispensed by a qualified pharmacist elsewhere (namely at a community pharmacy) **and again**, the Conditions state,—“The label of each patient's medication container shall carry the patient's full name, the physician's name, the prescription number, the name and strength of the medication, the date of issue, the expiration date—if a time-dated drug, the name and address and telephone number of the pharmacy dispensing the medication, the manufacturer's name and the lot or control number of the medication,” (not the manufacturer's list or catalogue number for the medication). And again—“whenever possible, the pharmacist in dispensing drugs works from the prescriber's original order or a direct copy.”

What could be clearer—a hospital or extended care facility that does not have its own full-time pharmacist and pharmacy must comply with the above conditions or it will **not** be in full compliance with Medicare's Conditions of Participation as promulgated by the Secretary of Health, Education, and Welfare as these relate to hospitals and extended care facilities. These “Conditions of Participation” are designed to ensure proper health and safety requirements for the patients.



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Restrictions and Controls on Prescriptions

Next, let us look to the Medicare Act and the Conditions of Participation to determine what restrictions, if any, are to be placed on the prescriptions we are to dispense from our community and hospital pharmacies under Medicare.

There are restrictions, sensible restrictions—I am sure you will agree—and they apply to extended care facilities as well as to hospitals. These are:

- a. Medications are for inpatients only.
- b. Medications are covered only if normally provided as a service by that particular hospital or extended care facility.
- c. Medications are covered only if the medication is in the United States Pharmacopeia, National Formulary, New Drugs, Accepted Dental Remedies, or the United States Homeopathic Pharmacopeia or selected under rules of the Pharmacy and Therapeutics Drug Committee of the medical staff (The Formulary) of the hospital for use in such hospital.
- d. Combination drugs are covered if all the active ingredients, (i.e., the individual drugs constituting the combination) are listed or approved for listing in any of the compendia named. Combination drugs approved by the Pharmacy and Therapeutics or equivalent committee for use in the hospital are covered. (p. 17—Hospital Manual—HIM-10—6/66).
- e. If the medication is not in the Formulary of the hospital, it will not be covered for payment even if in the official compendia. The medical staff, through its formulary, has listed those medications it wishes for its rational drug therapy program. It should be noted though that the P & T Committee may have any drug therapy agent it approves. Conversely, no drug, even if in the compendia, will be covered

if not in the drug list or formulary of the hospital. One needs to bear in mind the basic function and scope of the P & T Committee, (1) to serve in the selection or choice of drugs which meet the most effective therapeutic quality standards, and (2) to evaluate objectively clinical data regarding new drugs or agents proposed for use in the hospital.

- f. Concerning Extended Care Facilities and drugs—one must bear in mind that the definition for drugs in the Act concludes with the statement "for use in the hospital." It would appear then at this place in time—94 days from extended care facility participation in Medicare, that the drugs covered for payment will be (1) those in the official compendia, as indicated in the Act, plus (2) those on the patient's transfer chart, providing these are included in the hospital's formulary or drug list. As of the moment, it would appear, because of the legal definition for drugs, that only those drugs listed in the P & T Committee's formulary of the Extended Care Facility that are also in the compendia definition of the Act will be covered for payment. The statutory definition for Extended Care Facilities at Part C, Section 1861(h)(s), the Act includes "..... such drugs, biologicals, supplies furnished for use in the extended care facility, as are ordinarily furnished by such facility for the care and treatment of inpatients."

Fee Splitting

Reimbursement for the medications is made to the small hospital or nursing home which has paid the community pharmacy. Payment is not made by the fiscal agent (Blue Cross, etc.) directly to the community pharmacy. Further, payment to the hospital or nursing home is based on reasonable costs incurred in

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obtaining the medications (drugs and biologicals)—the cost of the medication and container plus a professional fee or markup, providing these represent part of the cost incurred by the facility rendering service to the beneficiary. Any hospital or nursing home having an agreement with the community pharmacy of a fee splitting or hidden discount "Service" arrangement will be suspect of bad faith, and can expect to be closely audited. Further such discounts must be passed on to the government.

I have stated several times now that as this third party payee program expands, it is logical to expect a much closer examination of drug charges and costs. Medicare is framed around "reasonable costs" and "reasonable charges" and as taxpayers we would be horrified if it were not.

The Professional Fee

Many of us in hospital pharmacy administration are firmly convinced that the professional fee approach will be with us shortly, if an overall day rate schedule is impractical. In 1962, I stated at the annual meeting of the Catholic Hospital Association, that the public today insists more and more on audits of hospital costs. I stated that the system of "loading" charges on drugs, X-rays and laboratory tests to offset unrealistic low room and board (daily hospital services) rates was being seriously questioned because of the inequity to the larger users of these services. This "loading of charges" forces these patients to carry part of the unmet daily hospital service costs of other patients, and this, of course, is most unfair. Whether we have a professional fee based on the annual number of charges (outpatient prescriptions or house orders of a three-day or so supply) or based on the annual number of patient days (i.e., a professional fee plus the cost of medication and container for each order or the actual acquisition cost of the medications and containers plus a daily pro-

fessional fee for pharmacy services on a sliding daily drug cost, i.e., a fixed fee for the first five days and a lower daily fee for the remaining number of days of stay) is immaterial. The results are the same.

As Mrs. Helen Nelson of the President's Economic Advisory Board stated months ago,—"How can we (the public) believe you are serving our needs as long as you adhere to a system of pricing in which your profit increases as your cost increases? To operate," she stated, "year in and year out on a cost plus basis while selling the very necessities of life is indefensible."

Reasonable Costs vs. Reasonable Charges

Reimbursement to a hospital that has its own pharmacy, of course, will be on a reasonable **cost** basis and **not** "reasonable charge basis as stipulated in the Act. The factors in determining these "costs" are now released by the Social Security Administration. Eventually these will be based on a RCC—Ratio of Charges to Costs basis, i.e., what the percentage of charges for aged patients are to the charges for all patients excluding maternity, pediatrics and other services not used by Medicare patients.

Now, a word more as to **drug utilization** in Hospitals and Extended Care Facilities under Medicare—the language of the Act allows "those medications in (or approved for inclusion) the United States Pharmacopeia, National Formulary, Accepted Dental Remedies, New Drugs, (where favorably reviewed) and the United States Homeopathic Pharmacopeia or such drugs as are selected by the Pharmacy and Drug Therapeutics, or similar committee, of the medical staff of the hospital furnishing such drugs and biologicals **for use in such hospital.**"

Bear in mind, this definition applies **only** to medications as are **ordinarily furnished by the particular hospital** (through its own or a community pharmacy) and only to in- and not to out-patients and the same applies to Extend-

(Continued on Page 212)



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(Continued from Page 208)

ed Care Facilities, except as to formulary listing as previously indicated.

How about **Pharmacy Committee and Formularies and "Medicare"** — what is this all about, some of you may ask: That statement in the "Medicare" bill about the pharmacy committee, brings us to another signpost concerning the evaluation of medical practice from the "sole" to the group practice concept I mentioned earlier—I refer to the increasing number of medical staff controlled pharmacy committees and formularies. **Medicine has now become of age** in her workshop for practitioners—the place we call her "hospitals," especially the teaching research centers of the country. Further, no longer does the individual physician desire to work "solo" or alone—Dr. Mayo summed this up nicely when he stated, "As we men of medicine grow in learning, we more justly appreciate our dependence upon each other It has become necessary to develop medicine as a cooperative science; the clinician, the specialist and the laboratory worker, all working for the good of the patient the patient will demand, the medical profession must supply adequate means for the proper care of patients, which means that individualizing in medicine can no longer exist."

Full recognition of the importance of the Pharmacy Committee for Rational Drug Therapy in hospitals, let us note, is given today not only by the A.M.A., the A.H.A., the A.S.H.P., and A.Ph.A., but also by the Catholic Hospital Association of the A.M.A., A.H.A., American College of Physicians and the American College of Surgeons and others — and now, through Medicare, by Congress itself as written into the Bill.

The Voluntary Plan

So much for the Universal or Basic in-

surance plan—let us now look for a minute at the Voluntary or Supplementary Insurance Plan. In the main, (1) physician services, (2) home health care services, and (3) certain medical and other health care services **are provided** such as diagnostic, X-ray, laboratory tests and certain drugs.

Drugs Covered

However, services listed under item 3 "certain medical and other health care services," are **only** those services and supplies that **are** incidental to the physician's services and drugs and biologicals are covered only if they: (1) cannot be self administered, and (2) are not for immunizations.

2. Pharmacy's Third Role—THE SALE AND RENTAL OF CONVALESCENT SUPPLIES AND EQUIPMENT

Home Health Care Services are provided for in both the Universal or (A) and the Voluntary or (B) Plan.

The **services** provided in "A" and "B" for Home Health Care Agencies **are the same**—what are these as they pertain to pharmacy? The Conditions of Participation for Home Health Care Agencies are clear. What do they state about medical supplies and equipment and home health care agencies?

The Act itself states the right of payment for medical supplies (other than drugs and biologicals) and the use of medical appliances, while the beneficiary is under a Home Health Care Service plan designated by his physician.

The Conditions of Participation for Home Health Care Agencies defines **medical supplies** as follows: "such as gauze, cotton surgical dressings, catheters, surgical gloves, rubbing alcohol, irrigating solutions, intravenous fluids and oxygen."

And as to **medical appliances**, the Conditions of Participation for Home Health Care Agencies again speak and say, "such items as bed pans, wheel

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chairs, crutches, hospital beds, trapeze bars, oxygen tents, intermittent positive pressure machines and air pressure mattresses."

One thing is certain, and that is a Home Health Care Agency will wish to deal with one or more community pharmacies. It is also quite likely that a Home Health Care Agency will choose to do business **only** with those pharmacies, be they hospital or community, with a well-equipped sickroom supply inventory, where all items are kept in **excellent rental condition** and from a pharmacy that offers prompt delivery service.

Medical Supplies and Equipment Under—Part B—Without Home Health Care Agency

Further, as you know, Plan B also authorizes in addition to the payment for physician services, payment for services and supplies that are incidental to the physician's services and under 1861(s) at (6), we note, "... the rental (not sale) of durable medical equipment, including iron lungs, oxygen tents, hospital beds and wheel chairs used in the patient's home (including an institution used as a home) and at (5) surgical dressings, and splints, casts, and other devices used for reduction of fractures and dislocations and at (8) prosthetic devices (other than dental) which replaces all or part of an internal body organ, including replacement of such devices and at (9) leg, arm, back and neck braces, and artificial legs, arms, and eyes, including replacements, if required, because of a change in the patient's condition.

Obviously, such supplies and equipment must be declared, by the attending physician, medically necessary for diagnosis or treatment, for here, as throughout all Medicare activities, the key individual having the sole authority to determine medical needs is the physician.

It is but logical to assume as to 1861(s) that this means, in those geographical areas where there are no home health care agencies or where there is no need for such services, the physician may order the rental of such convales-

cent equipment and supplies, and these, too, will be covered under Medicare, for those patients under the voluntary or "B" Plan and such items may be rented from a hospital, a pharmacy with a "home health aid" department or other rentor. This could well be a big factor in our opportunities and responsibilities in the future.

These, then, are the new opportunities and responsibilities. One word of caution to practicing pharmacists, and administrators of hospitals and extended care facilities — make certain as you move into these new areas, your malpractice insurance carrier includes these activities as a rider to your policy, for here, as elsewhere, you are liable for any malpractice or negligent acts. Witness the Boston and Texas cases as to criminal negligence and administrative tort negligence where hospitals failed to have a pharmacist in its drug dispensing activities.

Finally, let me include this thought of an ancient philosopher, "Nothing is permanent but change." The alert, the visionary, the leaders among us recognize this fact and carve out our futures on this basis. We must, all of us, "be aware of change" and act accordingly. The future of institutional care as it relates to the current changes in health care patterns is indeed great, be we in community or hospital pharmacy practice, or in hospital or extended care facility administration.

For this opportunity of visiting with you, my thanks. I trust I have been a bit helpful in explaining Title 18 of the 1965 Social Security Amendments Act and the added opportunities and responsibilities it presents in connection with modern day pharmacy service.

Dr. George F. Archambault, Pharmacist Director, U.S. Public Health Service, is Pharmacy Liaison Officer to the Office of the Surgeon General, and Pharmacy Service and Drug Consultant Division of Medical Care Administration.

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Abrian Bloom, Chairman

Sven Justis

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Volume 25

NOVEMBER 1966

No. 1

TAMPA NEWS OCTOBER MEETING

The Brentwood Inn was the scene of the TAMPA meeting held on October 8. At the regular business meeting following lunch the following new members were elected: George Spangler (Johnson & Johnson); Robert A. Zimmerman (Owens-Illinois Glass); John Rafalowski (Warner Lambert); Ed White (Abbotts Ice Cream).

Following the meeting the members spent an enjoyable afternoon watching and managing the Orioles - Dodger World Series baseball game.

November Ladies Night

The Annual TAMPA Ladies Night was held on Thursday, November 3 at the Oregon Ridge Theatre with a sell-out house. The evening began with a pink frozen daquiri cocktail hour followed by a buffet dinner.

The feature of the evening was the play, *Janis*. The show proved to be a delightful two hours of entertainment. Actors and audience were both enthusiastic.

The evening proved to be one of the most unusual and enjoyable affairs that TAMPA ever sponsored. A large representation of pharmacists attended, including: Dean and Mrs. Noel E. Foss, MPA President and Mrs. Morris R. Yaffe, BMPA President and Mrs. Jerome A. Stiffman and MPA and BMPA Secretary and Mrs. Nathan I. Gruz.

— Reported by Abrian Bloom

Those who do things are outnumbered by those who know how things should be done.

—Arnold H. Glasgow

Dr. Nicolas Zenker, Associate Professor of Pharmaceutical Chemistry, received \$8,820 (\$26,460/3 years) from the National Institutes of Health for the continuation of his studies on "Synthesis and Assay of Thyroid Analogs".



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BMPA NEWS

October Meeting

The Baltimore Metropolitan Pharmaceutical Association featured a program on anti-ovulatory agents at its meeting on October 20th at the Kelly Memorial Building.

Kenneth C. Gilbert, District Sales Manager of Mead Johnson Laboratories, presented the program called "Full Cycle". This was a new appraisal of population control innovations.

The business meeting preceding the program included a number of reports. President Jerome A. Stiffman reported on a plan whereby drug wholesalers would keep the narcotic registry number of each pharmacy for use in identifying valid pick-up orders.

Secretary Nathan Gruz reported on the Baltimore County Narcotic Ordinance. Work is going on to attempt to repeal the ordinance. Reports were also made on medical care, the N.A.R.D. Convention program and the Simon Solomon Pharmacy Economics Seminar program.

Committee reports were made by Anthony G. Padussis, Public Information Committee Chairman, Publicity Committee Chairman, Charles E. Spigelmire and H. Wilfred Gluckstern, MPA Professional Relations Committee Chairman. Mr. Gluckstern reported that arrangements had been made for pharmacists to conduct the urinalysis testing at the Diabetes Detection Center at the Fifth Regiment Armory. Twenty-four pharmacists were requested to volunteer.

Mr. Padussis reviewed the results of the Public Medicare Forum sponsored by BMPA. He announced that publicity is being directed through radio, TV and newspapers for the public to deposit unwanted books at neighborhood pharmacies for the benefit of the Smith College Scholarship Fund.

Jerome Block spoke of problems associated with hospital staff physicians who do not have narcotic registry numbers.

An amendment to the Constitution and By-Laws was adopted to change the Annual Meeting date from December to November. The amendment on motion of Donald O. Fedder, seconded by Morris R. Walman was approved by a vote by 22 to 1.

— o —

Baltimore Metropolitan Pharmaceutical Association Pharmacy Information Center

The Baltimore Metropolitan Pharmaceutical Association has installed a special phone at the Association office in the Kelly Memorial Building which will give members a recorded message of importance or current interest.

All members have been informed by special letter of this vital service and the telephone number to call.

Examples of information to be made available through the BMPA Pharmacy Information Center are: Drug Recalls, Medical Care and Medicare, Drug Abuse Control, Drug Regulations, Stolen prescription blanks, Forged prescriptions, Meetings and other association activities.

Members are requested to bring to the attention of Secretary Gruz any pertinent matter for consideration for possible inclusion on a recording.

The BMPA is the second local pharmaceutical association in the state to install this service for the membership, following the lead of the Prince Georges-Montgomery County Pharmaceutical Association, which was the first local group to install an association message phone in Maryland.

— o —

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Baltimore Metropolitan Pharmaceutical Association Elects Officers

The Annual Meeting and Election of Officers of the Baltimore Metropolitan Pharmaceutical Association was held on Tuesday, November 29th at the Kelly Memorial Building. The meeting was called to order by President Jerome A. Stiffman at 10:50 P.M.

Reports were given by President Stiffman, Secretary Nathan Gruz and Treasurer Charles E. Spigelmire. The following committee reports were then presented: Auditing Committee, Gregory W. A. Leyko, Chairman; Social Committee, Ferdinand F. Wirth, Jr., Chairman; Drug & Merchandise Committee (Drug Show), Bernard B. Lachman, Chairman; Membership Committee, Donald O. Fedder, Chairman; Publicity Committee, Charles E. Spigelmire, Chairman; Bulletin Committee, Aaron M. Libowitz, Chairman; Budget & Finance Committee, Sam A. Goldstein, Chairman; Public Information Committee, Anthony G. Padussis, Chairman; Civil Defense Committee, Jerome Block, Chairman; Political Information Committee, Marris R. Walman, Chairman, and Insurance Committee, Sam A. Goldstein, Chairman.

An open forum discussion on Medical Care Program problem was then conducted by Victor H. Morgenroth, Jr. and Gordon A. Mouat, staff pharmacists for the Baltimore City Medical Care Program. Mr. Mouat also serves as Chairman of the Pharmacy Services Committee and representative to the Maryland State Council on Medical Care.

The Nominating Committee then presented the following slate: Honorary President, Herman J. Bloom; President, Ferdinand F. Wirth, Jr.; 1st Vice President, Donald O. Fedder; 2nd Vice President, Joseph H. Morton; 3rd Vice President, Bernard B. Lachman; 4th Vice President, Milton A. Sarubin; Secretary,

Nathan I. Gruz; Secretary Emeritus Melville Strasburger; Treasurer, Charles E. Spigelmire; Chairman to the Executive Committee, Jerome A. Stiffman. For a two-year term to the Executive Committee: Anthony G. Padussis, Sam A. Goldstein, Frank J. Wesolowski and Marion R. Chodnicki. Ex-Officio: Noel E. Foss and Francis S. Balassone.

Donald O. Fedder nominated Anthony G. Padussis for 4th Vice President. Seconded by Mr. Lachman. Mr. Fedder nominated Nicholas C. Lykos and Irvin Kamenetz for the Executive Committee, seconded by Ferdinand Wirth. On the motion of Gordon Mouat, seconded by Victor H. Morgenroth, Jr., the slate of officers except for the Vice President was unanimously approved.

On a written ballot Mr. Padussis was elected 4th Vice President.

Gregory W. A. Leyko nominated Mr. Sarubin for the Executive Committee, seconded by Mr. Louis Taich.

The following were elected to two-year terms to the Executive Committee: Sam A. Goldstein, Frank J. Wesolowski, Nicholas C. Lykos and Irvin Kamenetz.

The following members of the Executive Committee continue to serve the second year of their two year terms: Max A. Krieger, Joseph L. Okrasinski, Jacob L. Richman and Morris R. Walman.

Mr. Lachman asked for a rising vote of thanks for Jerome A. Stiffman as President.

The meeting adjourned at 1:00 A.M.

—o—

Dr. James Leslie, Associate Professor of Pharmaceutical Chemistry, received \$8,792 from the National Institutes of Health for the continuation of his studies on "The Reactivity of Amino Acid Side Groups in Proteins."

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Maryland Pharmaceutical Association Fall Regional Meeting

The Fall Regional Meeting of the Maryland Pharmaceutical Association was held at Peter Pan Inn on Thursday, October 13. Following lunch reports were made by President Morris R. Yaffe and Secretary Nathan Gruz.

President Yaffe then introduced Miss Louise Gore, member of the House of Delegates, Montgomery County and candidate for State Senate. (Ed. note: Miss Gore was elected to the State Senate in the General Election). Miss Gore spoke of the important issues affecting health and welfare which concerned citizens in general and pharmacists in particular. She discussed her interest in properly utilizing the education and experience of pharmacists in the community.

Dr. George F. Archambault, Pharmacist Director, Pharmacy Liaison Officer to the Office of the Surgeon General, and Pharmacy Service and Drug Consultant Division of Medical Care Administration, was then introduced. He spoke on "Medicare and Pharmacy Services", with emphasis on provisions of the Medicare Care which will go into effect on January 1, 1967. A question and answer period followed.

Dr. Archambault's complete address page 198.

The Ladies Auxiliary met in the afternoon. Following a social hour and dinner, the Past President's Plaque was presented to Alexander J. Ogrinz, Jr. by John G. Bringenberg of E. R. Squibb & Sons.



Dr. Archambault, President Yaffe, Secretary Gruz.



Past President Ogrinz and John Bringenberg of Squibb.



LAMPA OFFICERS—left to right: Mrs. Noel E. Foss, Mrs. Richard R. Crane, Mrs. Charles E. Spigelmire, Mrs. Milton A. Friedman, Mrs. Albert Rosenfeld, Mrs. Sadie Wagner.

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Pictures in the B. Olive Cole Pharmacy Museum at MPA Headquarters, Kelly Memorial Building, with Governor J. Millard Tawes are: left to right — Public Relations Chairman Charles E. Spigelmire, President Morris R. Yaffe and Executive Secretary Nathan I. Gruz.

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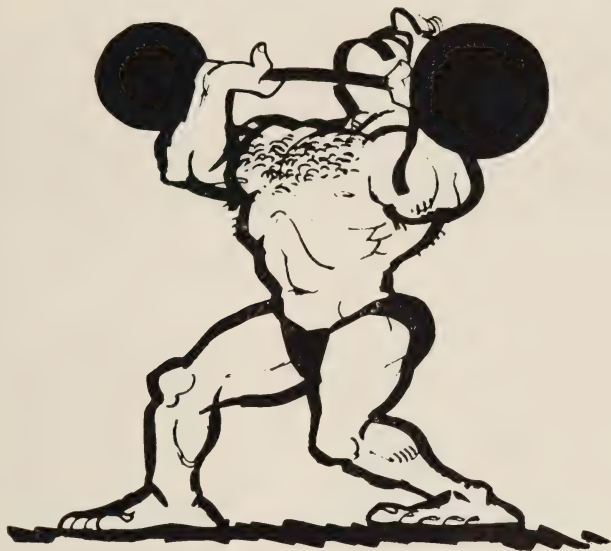


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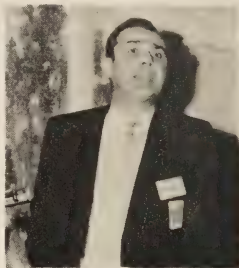
HOLIDAY INN DOWNTOWN — NOVEMBER 3, 1966



Left to Right—MPA Secretary Gruz, FWDA Executive Secretary Ray C. Schlotterer, MPA President Yaffe, Simon Solomon, Seminar Chairman I. Earl Kerpelman, James E. Allen, H. Scott Grauel, Allen Duff of the H. B. Gilpin Co., Aaron Fulmer of Streater Store Fixtures.



Irving Maness, Deputy Administrator, Small Business Administration, with Seminar Co-Chairman Marvin Freedenberg (seated).



Louis Cherney, Director of Professional Services, Loewy and District Wholesale Drug Company.

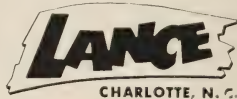
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Tell them you saw it in "The Maryland Pharmacist"

The American Council on Pharmaceutical Education—Pharmaceutical Education's Accrediting Agency*

By

LLOYD M. PARKS, Ph.D.

Dean, College of Pharmacy, Ohio State University

To give you a brief background on this organization, I should take a short excursion into history. Prior to 1900 most states had legislation requiring licensure of pharmacists by examination but none required candidates for licensure to be graduates of a college of pharmacy. Around 1900, and shortly thereafter, three things happened to change this picture. First was the formation of the American Conference of Pharmaceutical Faculties in 1900; the name of that organization was changed to the American Association of Colleges of Pharmacy in 1925. Secondly, after 1900, there was the passage of the prerequisite laws by the states, which required graduation from a college of pharmacy as a prerequisite to take the licensure examination. Thirdly, was the formation of the National Association of Boards of Pharmacy in 1904, which put the organized board support behind educational requirements.

The college association, which is known as the AACP, was the first standardizing body for colleges of pharmacy by listing certain requirements for membership and it set the first admission and graduation standards in 1904.

The standards for both admission and graduation were raised in 1908, 1917, 1923, in 1932 when the four year program became the requirement, and in 1960 when the five year program became the requirement.

The AACP also served as an accrediting agency through its membership standards and actually for a period of

about three years, from 1929 to 1932, it made inspections of colleges. In 1932 the American Council on Pharmaceutical Education was organized, largely through the cooperative activity of the NABP, the AACP and the American Pharmaceutical Association. The Council was organized with three representatives each from those supporting bodies and one representative from the American Council on Education. The Council from its beginning has consisted of a ten member body. It published its first set of accreditation standards in 1937; it was incorporated in 1939; and has served since then as the national accrediting agency for the colleges of pharmacy in the United States and its territories. It published the first list of accredited colleges in 1940. The Council is recognized and approved by the National Commission on Accrediting. In fact, many of the Council's original concepts have been incorporated into the criteria of the National Commission on Accrediting for accrediting agencies.

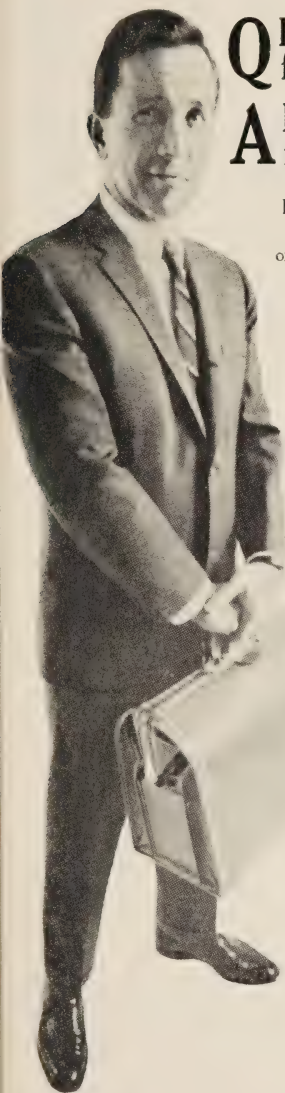
Objectives of the Council, as stated in its **Accreditation Manual** are:

"a. To formulate the educational, scientific and professional principles and standards which an approved school or college of pharmacy will be expected to meet and maintain (approved here is synonymous with accredited.)

"b. To revise these principles and standards when deemed necessary advisable.

"c. To investigate any school or college of pharmacy that requests approval of the Council.

*Adapted from the *Ohio Pharmacist*.



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"d. To publish a list of approved schools and colleges of pharmacy and to revise such list annually or as frequently as deemed desirable.

"e. To satisfy itself that the schools and colleges which have been approved maintain the proper standards through conference with members of the faculties and the reinspection of any or all colleges of pharmacy at regular intervals or at such other times as may be deemed advisable. The approval of any school or college failing to maintain the standards formulated by the corporation shall be withdrawn.

"f. To assist in the advancement and improvement of pharmaceutical education and registration."

The purposes of accreditation as stated in the **Manual** are:

"a. To advance the standards of pharmaceutical education in the United States and its possessions.

"b. To describe the characteristics of an accredited college of pharmacy.

"c. To provide for prospective students a dependable basis for the selection of colleges of pharmacy.

"d. To provide a basis for inter-institutional relationships.

"e. To provide a list of accredited colleges of pharmacy for the use of state boards of pharmaceutical examiners and other interested agencies."

The initial examination for original accreditation of a college of pharmacy is by application from that college at a fee of \$500. Thereafter, the examination for continuation of accreditation is at a five or six-year interval or more often if indicated, at no expense to the college. The examining team usually consists of the Director of Educational Relations of the Council and one Council member. The Board of Pharmacy in the state is invited to send a member of its board as an observer and the regional accrediting agency is invited to

send an observer, a so-called generalist, if it is the wish of the institution and the regional accrediting agency to do so.

The examination consists of a questionnaire which is completed by the college prior to the visitation and which requires a considerable amount of time and effort on the part of the College to do; then there is a two-day visit during which about ten different items are examined into. These include the aims and the program of the college; the university administration as it relates to the college; the college administration, including procedures, financial resources, budget, academic policies, etc.; the faculty, its adequacy, quality, background, effectiveness, salaries, etc.; admission and promotion of students; student personnel services and extracurricular activities; the curriculum in effect at the college; the effectiveness of instruction; the physical plant; and the library. For each of these items there are guidelines set forth in the **Accreditation Manual**, both for the guidance of the examiners and of the college, under policies and standards; in general, the examiners abide by these guidelines in their examination visit.

A report of the examination is furnished to the Secretary of the Council by the examiners. A copy of the report is sent to the regional accrediting agency, when that agency has been involved in the visit, to the President of the institution, and to the Dean of the college for their information, guidance and comment; the institution and the college are given the opportunity to respond, to correct any factual errors, or to comment on any parts of the report as they see fit. The report is then considered formally at the next meeting of the Council. The Council holds meetings twice a year, usually in January and in May or June and at each of these meetings reports of examinations of colleges that have been made since the last meeting are considered, among other business. A copy of the report

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Before prescribing, please consult complete prescribing information, a summary of which follows:

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations during therapy. Use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone patients or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Safe use of any drug in pregnancy, lactation, or in women of childbearing age not established. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). In general, concomitant use with other psychotropics is not recommended; if such combination therapy seems indicated, consider the pharmacology of the other agents, particularly MAO inhibitors and phenothiazines. Paradoxical reactions, such as excitement, stimulation and acute rage, to chlordiazepoxide hydrochloride have been reported in psychiatric patients. Variable effects on blood coagulation have been reported very rarely in patients receiving chlordiazepoxide hydrochloride and oral anticoagulants, although causal relationship has not been established clinically. Observe usual precautions in presence of impaired renal or hepatic function, impending depression and suicidal tendencies.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. In most instances, these effects are reversible by proper dosage adjustment, but occasionally are observed at lower dosage ranges. In a few instances, syncope has been reported; also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment. Blood dyscrasias, including agranulocytosis, jaundice and hepatic dysfunction, have occasionally been reported with chlordiazepoxide hydrochloride, making periodic blood counts and liver-function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diet.

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and notice of the action taken by the Council on the report and on the college is then sent to the President of the institution, to the Dean of the college of pharmacy, and to the Secretary of the state board of pharmacy. A list of accredited colleges of pharmacy is published annually as of July 1.

The Council operates on an annual budget of something less than \$50,000. Each of the sponsoring organizations, the APhA, the AACP and the NABP contributes \$2500 a year at the present time. The bulk of its financial support comes from the American Foundation for Pharmaceutical Education, which was organized some years ago for the financial support of pharmaceutical education. Its contribution is \$35,000 to \$40,000 a year. The budget is expended in financing accreditation visits to colleges (approximately 15 colleges of pharmacy are visited each year by Council representatives); for the salary of the Director of Educational Relations who is a full-time employee of the Council; for secretarial assistance and supplies; and for Council meetings.

The Council office is in Chicago where it shares office space with the National Association of Boards of Pharmacy. Officers of the Council are president, vice president and secretary-treasurer who are elected annually by the Council. Members of the Council are appointed by the sponsoring organizations for a six-year term. It is the policy of the AACP to restrict its representatives to one six-year term; the APhA and the NABP have no such restrictions.

The APhA representatives are William S. Apple, Executive Director of the APhA, who currently serves as President of the Council; Charles F. Dahl, a community pharmacist in Viroqua, Wisconsin; Lonnie J. Yarbrough, a community pharmacist in Denton, Texas.

The AACP representatives are Linwood F. Tice, Dean of the Philadelphia College of Pharmacy and Science, who

is currently serving as Vice President of the Council (until January 20, 1966 when Lloyd M. Parks succeeded to this office); Richard A. Deno, Professor of Pharmacognosy at the University of Michigan, College of Pharmacy; and myself. Dean Tice's term expires June 30, 1966 when he will be succeeded by Dean Harold G. Hewitt of the University of Connecticut School of Pharmacy.

The NABP representatives are H. C. McAllister, Secretary of the North Carolina Board of Pharmacy; Fred T. Mahaffey, Secretary of the National Association of Boards of Pharmacy, who currently serves as the Secretary-Treasurer of the Council; and a third member, recently resigned, was Robert Gillespie, a community pharmacist in Benton Harbor, Michigan and a former member of the State Board of Pharmacy of Michigan. (Francis S. Balassone, Secretary of the Maryland Board of Pharmacy, was recently appointed by the NABP to fill Mr. Gillespie's unexpired term.)

The representative from the American Council on Education is John C. Weaver, currently Vice President of Ohio State University who, at the time of his appointment was Vice President of the University of Iowa.

The Director of Educational Relations is Dr. Melvin W. Green, who is not a member of the Council but a full-time, paid employee. Dr. Green has served on the faculties of the Cincinnati College of Pharmacy, the University of Pittsburgh, the Georgetown University, and the University of Wisconsin.

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OBITUARIES

William D. Barnett

William D. Barnett, 85, died October 15 at the Resmor Sanitarium in Bethesda. He was a native of Loving, Texas and educated at George Washington University.

He opened a pharmacy in Gaithersburg in 1915 and sold it in 1946.

He was a charter member of the Gaithersburg Chamber of Commerce and the Gaithersburg-Washington Grove Volunteer Fire Department. He was a life member of Pentalpha Lodge No. 194, A.F. and A.M., and Pentalpha Chapter No. 38, OES, and was formerly worthy patron of the latter. He was also a member of Grace Methodist Church in Gaithersburg.

Mr. Barnett is survived by two daughters, Lucille B. Etchison of Washington and Edith Barnett of Bethesda; two sons, John H. of Silver Spring and William D. Jr. of Bethesda, and three grandchildren.

He was formerly a member of the Maryland Pharmaceutical Association.

Howard M. Bradbury

Howard M. Bradbury, Sr., former president and chairman of the board of the Washington Wholesale Drug Exchange died October 20 in Doctors Hospital after a long illness. He was 84.

A native of Philadelphia, Dr. Bradbury came to Washington in 1898 to become the first employee of the Drug Exchange, then under the management of his brother, Wymond H.

He was graduated from the old National College of Pharmacy in 1902 with a doctor of pharmacy degree and served as assistant professor of chemistry there until 1909. The College became the George Washington University School of Pharmacy in 1910 and Dr. Bradbury served as professor of chemistry there until 1916.

In 1917, he became the assistant manager of the wholesale drug firm, now located at 60 N St. NE, was made manager in 1931 and became its president nine years later.

A member of the D. C. Pharmaceutical Association, Dr. Bradbury was elected honorary president in 1955. The association named him its "Pharmacist of the Year" in 1958. He was a past president of the Federal Wholesale Druggists Association, and also belonged to the Rotary Club, the Sons of the American Revolution, the Board of Trade and the GWU General Alumni Association.

Dr. Bradbury leaves his wife, May H. of the home address, 1333 Pinetree Rd., McLean; a son, Howard M. Jr. of Tantalum, Md.; a daughter, Jane Dappert of Pelham, N. Y., a stepson, Joseph E. Hefron of Miami Beach, two stepdaughters, Eileen Dunn of Chevy Chase and Margaret Ann Scott of Walpole, Mass., and 11 grandchildren.

William B. Hayes

William Bradford Hayes, 64, died October 30 at the Church Home and Hospital following a heart attack. A native of Baltimore, he graduated from the University of Maryland School of Pharmacy in 1924. He was a member of the Maryland Pharmaceutical Association.

He established Hayes Pharmacy in Essex fifteen years ago.

Mr. Hayes was survived by wife, the former Evelyn Wache, two sons, Leonard Bradford and Timothy Clark Hayes; a daughter, Mrs. Patricia Hayes Gaskin, who is a pharmacist; a brother, Charles Hayes, and four grandchildren.

Thomas G. Wright

Thomas G. Wright, 59, a representative of Eli Lilly & Co., died October 31. He received his degrees from the University of Maryland School of Pharmacy: Ph.G. in 1930, B.S. in 1931 and M.S. in 1934.

Clarence G. Lehr

Clarence G. Lehr, 85, died November 24 after an illness of several months. A native of Baltimore, he graduated from the Maryland College of Pharmacy in 1902.

Mr. Lehr operated the Lehr Brothers Pharmacy at Broadway and Monument Street until 1946. He later did relief work for several pharmacies in Baltimore.

He was a member of the Wedgewood Club and was formerly a member of the Maryland and Baltimore Metropolitan Pharmaceutical Associations.

He is survived by two sons, John and Clarence G. Lehr, Jr., both of Baltimore; a brother, Louis P. Lehr, of Pittsburgh, and six grandchildren.

George A. Miller

George Adam Miller, 70, died October 8. He served in the Army Medical Corps in World War I and was a member of Hamilton Post No. 20, American Legion.

Mr. Miller had been a member of the Maryland Pharmaceutical Association and held associate membership in the Baltimore Metropolitan Pharmaceutical Association.

He is survived by a son, Clark K. Miller and a daughter, Marilyn V. Smith.

— o —

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(Act of October 23, 1963; Section 4369, Title 39,
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1. Date of filing: November 16, 1966
2. Title of Publication: MARYLAND PHARMACIST
3. Frequency of issue: Monthly
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5. Location of the headquarters or general business offices of the publishers: 650 W. Lombard Street, Balto., Maryland 21201
6. Names and addresses of publisher, editor and managing editor:
Publisher: Maryland Pharmaceutical Association, 650 W. Lombard St., Balto, Md. 21201
Editor: Nathan I. Gruz, 650 W. Lombard Street, Balto., Md. 21201

Managing Editor: Nathan I. Gruz, 650 W. Lombard Street, Balto., Md. 21201

7. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)

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8. Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities : None

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10.

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1. Sales Through Dealers and Carriers, Street Vendors and Counter Sales None None
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E. Total Distribution 1400 1375

F. Office Use, Left-over, Unaccounted, Spoiled After Printing 50 75

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GOVERNOR AGNEW SIGNS PHARMACY LEGISLATION

May 4, 1967—State House, Annapolis, Md.

Governor Agnew signed vitally needed legislation, sponsored by the Maryland Pharmaceutical Association, improving the Pharmacy Law of Maryland.



Seated—left to right: James P. Mouse, Chief Clerk, House of Delegates; House Speaker, Marvin Mandel; Senate President, William S. James; Governor Spiro T. Agnew; Secretary of State, C. Stanley Blair, and Secretary of Senate, J. Waters Parrish.

Standing—F. S. Balassone, Secretary, Maryland Board of Pharmacy; Bernard B. Lachman, Chairman, Legislative Committee; Morris R. Yaffe, President, Maryland Pharmaceutical Association and Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association.

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Volume XLII

MAY - JUNE 1967

No. 6

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PATRONIZE OUR ADVERTISERS

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Editorial

Unity Plus Organization Equals Results

The year 1966-67 for the Maryland Pharmaceutical Association proved what many outside of pharmacy as well as the leaders within the profession have reiterated many times: pharmacists working together in a unified manner, properly organized under forceful, thoughtful leadership can achieve their goals.

This was well demonstrated by the foresight and planning for the legislative program for 1967 which began at the end of the 1966 state legislative session.

With the support of many pharmacists in every community of the state, legislators were acquainted with the problems of pharmacy through conferences and meetings held before and during the 1967 legislative session. At the proper time letters and telegrams were sent to emphasize the concern of all in pharmacy. There was grass roots support from all the local pharmaceutical organizations as well as by individual pharmacists.

A new, independent group—the Pharmacists Political Action Committee of Maryland (PHARMPAC)—worked hard contacting pharmacists and evaluating candidates.

Officers and members of the MPA Legislative Committee, as well as the Executive Secretary, devoted considerable time and effort in Annapolis monitoring every phase of the legislative process. Liaison was established with legislators and members of the Executive Office of the governor.

The result of all this concentrated activity has been a favorable climate to pharmacy and the enactment of legislation which has been the MPA goal for a decade.

After ten years of extensive debate and laborious effort, the Association has succeeded in obtaining the enactment of vitally needed legislation incorporating definitions of the "practice of pharmacy" and "a pharmacy", and importantly, the authority for the Board of Pharmacy to promulgate rules and regulations "governing the standards of practice of pharmacy, and operation of pharmacies including rules and regulations governing the method of advertising, promotion and standards for filling and refilling prescriptions, necessary to protect public health, safety, and welfare".

Increased medical care prescription fees from a 50c to a \$1.00 minimum were obtained by the MPA in 1965 and 1966. In July 1967 an average fee of \$1.50 will go into effect as a result of your MPA.

Also, this year we had pharmacy services added to the law which provides for non-profit prescription pre-payment plans, such as Blue Shield. An attempt to repeal the Maryland Fair Trade law was defeated.

Pharmacy has achieved greater recognition than ever before. Now building on the firm foundation laid in the past year, pharmacy in Maryland with an even greater support by all pharmacists can look forward to realizing other reasonable goals in the future.

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President's Message

Dear Fellow Members:

As my year in office as president of the Maryland Pharmaceutical Association draws rapidly to a close it is necessary to review the activities of past year.

At the forthcoming convention I will present a detailed report, but I would like to take this opportunity to mention a few highlights of the 1966-67 association year.

In going over the records I found that there were many solid accomplishments and progress.

Foremost was the enactment of sorely needed pharmacy legislation. After many years we at last succeeded in obtaining a definition of the practice of pharmacy, an improvement in the definition of a "pharmacy" and authority for the Board of Pharmacy to make regulations governing the practice of pharmacy and operation of pharmacies.

Much credit is due our Legislative Committee under Chairman Bernard Lachman and Anthony Padussis, as well as our Executive Secretary, Nathan Gruz. I would be remiss if I did not give credit to the foundation laid by my predecessor Alexander Ogrinz and by Jerome Mask who was Legislative Chairman for a number of years.

Next, we devoted great time and effort to "Medical Care" prescriptions. Increased fees went into effect in 1965 and 1966 and a \$1.50 fee is to be effective July 1st.

We succeeded in obtaining a second pharmacist, Donald O. Fedder, on the State Medical Assistance Advisory Committee. He joined Gordon A. Mouat on this key group which is responsible for developing policies. Through the efforts of the Association and the pharmacist representatives, many matters important to all of us have received proper attention. When payments were far behind, the advance payment method was arranged. A firm policy for payment of fees for all prescriptions including OTC items has been put into effect and insulin and orders are paid for per unit at regular prices.

In March the Swain Model Pharmacy was dedicated after being only a dream for many years. Here full credit is due Irving I. Cohen for his vision and persistence.

We have succeeded in channeling the dispensing of prescription medication through pharmacies in some cases where this was not the case. Further progress I know will be made in the coming months.

In the field of prescription prepayment we are cooperating with other states in the Eastern Pharmaceutical Service Corp. In the near future details will be going out.

We are working more closely than ever with Maryland Association of Hospital Pharmacists in developing policies in the interest of both community and hospital pharmacists.

Our Professional Relations Committee through liaison with the state medical society is engaged in drawing up a mutual Code of Cooperation for Medicine and Pharmacy.

I could cite many more examples and much greater detail, but I urge you to come to this year's Convention in Tamiment-in-the-Poconos, July 17-20 and get a complete report. You can be sure of a worthwhile and most enjoyable time for yourself and your family.

Sincerely,

MORRIS R. YAFFE
President



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Today's drug discovery is not an isolated phenomenon. It grew out of yesterday's dis-

covery and leads to tomorrow's. The sulfonamides, antibiotics, steroids, vitamins and vaccines you dispense today are each stages of a development process which, so far, is unbroken.

To protect all, the patent system itself needs your protection. You can serve pharmacy and progress, the prescribing physician, your customer, yourself by offering such protection. Choose products protected by patents and made in the U.S.A.; reject those which are in violation of American patents.

Secretary's Script . . .

A Message from the Executive Secretary

Maryland Pharmacy Law Enacted

See Front Cover

After many years of effort and extensive debate vitally needed pharmacy legislation was enacted by the 1967 Maryland General Assembly and signed into law by Governor Spiro T. Agnew on May 4th.

Known as Senate Bill 283, the law was introduced by Senator Louise Gore (Rep.) of Montgomery County and Senator Carl L. Friedler (Dem.) of Baltimore City's Fifth Legislative District.

The complete text appears in this issue.

In Section 250 we have for the first time in our law a definition of the "Practice of Pharmacy". This definition was necessary to differentiate pharmacy from other activities and in order to properly define a "pharmacy" or "drug-store".

The new definition of a "pharmacy" uses the terms "establishment" or "institution" thereby recognizing every site where pharmacy may be practiced. The last phrase should also be noted: "the effect of which would tend to indicate that the practice of pharmacy is being conducted in such establishment."

A historic step was the addition to Section 258, granting the Board the authority to promulgate rules and regulations (under a procedure of public hearings and other safeguards) "governing the standards of practice of pharmacy and operation of pharmacies including, rules and regulations governing the method of advertising, promotion and standards for filling and refilling prescriptions, necessary to protect public health, safety, and welfare."

The proposal for this provision has been widely misinterpreted and dis-

torted over the years, but was recognized by the large majority of pharmacists as necessary to meet the requirements and developments in contemporary pharmacy. It will grant the Board of Pharmacy the opportunity to prevent practices not in the public or professional interest and to cope with situations without the need to go to the legislature on every matter.

This approach, granted by the legislature to other professional and trade licensing boards, was recognized by the legislators as rational and necessary for pharmacy. The vote for Senate Bill 283 was unanimous in both the Senate and House of Delegates.

The legislative program was under the auspices of the MPA Legislative Committee. Chairman Bernard B. Lachman and Anthony G. Padussis exercised effective leadership and obtained the support of their committee, the officers of the state and local associations and many pharmacists throughout the state.

Much credit is also due President Morris R. Yaffe, whose active interest was of inestimable value, as well as to our legal counsel, Joseph S. Kaufman, whose counsel and assistance was invaluable. Essential support and cooperation also came from Frank Balassone, Secretary of the Board of Pharmacy, and the State Department of Health.

Our thanks should also go to our many friends in the legislature and the executive branch of the government whose support at crucial times was forthcoming.

Now it is up to the pharmacists of the state to present their ideas and sug-

gestions to utilize the tools given them. What rules and regulations are needed in the public and professional interest? Let us have *your* thinking.

Remember, too, that each *individual* pharmacist, regardless of status, as employer, employee, proprietor, manager or executive, is responsible for the practices in the establishment or firm he is associated with.

If you want pharmacy to progress professionally, then it will only be by the combination of acts of all pharmacists.

I appreciate the support everyone has given toward the successful enactment of this program which monopolized so much of the Association time and effort for so long.

Sincerely,

Nathan Stuey
Executive Secretary

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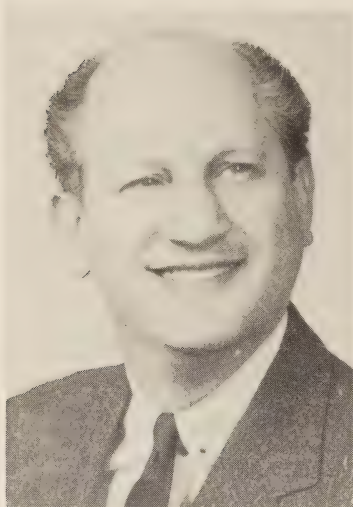
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Message from Your Convention Chairman



MILTON A. FRIEDMAN

The opportunity of serving as General Chairman of the 1967 Convention of the MPA has afforded me a genuine sense of pleasure as well as of accomplishment. Everyone connected with the arrangements for the convention has cooperated so fully that an outstanding program is

assured, both professionally and recreationally. Tamiment-in-the-Poconos is an ideal setting for relaxation and good fellowship for our members. It is less than 5 hours driving time through the most beautiful parts of Maryland and Pennsylvania.

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Even if you have to close the "Establishment" to attend, do it . . . *your gains from attendance will be greater than any losses.* I am looking forward eagerly to greeting you personally . . . July 17-20.

MILTON A. FRIEDMAN
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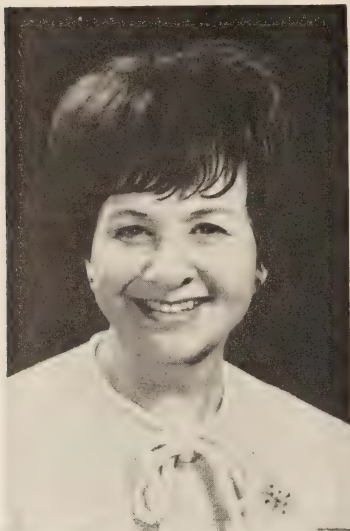
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A Message from the President of LAMPA



MRS. MILTON A. FRIEDMAN

LAMPA is excited about our wonderful Convention! Now is the time for all good ladies to come to the aid of the Maryland Pharmaceutical Association! July 17th through the 20th at Tamiment-in-the-Poconos is packed and exciting, and if you prefer relaxing days, with entertaining evenings for you and your families.

LAMPA's luncheon on Tuesday, July 18th, will be one of the highlights of the week. The feature will be a cosmetic presentation by Miss Delin of Goubaud de Paris.

Don't miss these fun filled days which are planned with you in mind. I am looking forward to seeing you there.

SADYE M. FRIEDMAN
President

—O—

Excessive speed is the number one highway killer. Last year excessive speed was involved in more than 18,000 fatalities on America's highways.

Barre Drug Buys National Pharmaceutical Company

Barre Drug Co., Inc. has purchased National Pharmaceutical Manufacturing Company.

Both of the Baltimore firms manufacture and sell pharmaceutical products to retail, wholesale and governmental institutions. They also serve private formula and private label businesses.

Israel Mendelsohn, founder and president of Barre, said that present plans call for Barre to be the sales organization and National the manufacturing subsidiary.

Increase Predicted

Mr. Mendelsohn said the purchase and resulting expansion of manufacturing facilities should increase the firm's private formula and label market.

Barre serves about 23 states along the Eastern Seaboard and also sells in California.

Morris Rockman will remain in his present post of manufacturing pharmacist for National, a 45-year-old concern.

Promotion Noted

James Mendelsohn, a son of the founder of the Barre firm, has been promoted from manufacturing pharmacist to vice president in charge of product development, drug analysis and production.

His brother, Max, continues as vice president and sales manager.

The Barre firm has moved from its plant on Woodland avenue into National's facilities at 415 East Oliver street. The two companies plan to go into a new building later on, but the plans have not been completed.

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Why knowledgeable pharmacists in key decision spots?

When such a large share of our business is concerned with pharmacists, it's really good business to know what concerns them.

And who knows better than another pharmacist?

So in a very real sense, our pharmacists represent you at the policy-making table. As such, they keep in touch with your thinking. By listening, by traveling, by attending city, county and state pharmaceutical meetings and conventions . . . in other words, by being with you. This is why, at Roche, a good deal of company policy stems directly from your suggestions.

We listen.

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Convention Program Features

Early arrivals coming in Sunday can take advantage of the hospitality room and refreshments from 3 to 5 P.M. in the Administration Building.

Monday Afternoon—July 17. Reports of the Maryland Board of Pharmacy and School of Pharmacy as well as Committee Reports.

Ladies Golf Putting Tournament (putters and balls supplied). Prizes.

Monday Evening—Presidential Reception courtesy of Youngs Drugs Products.

Tuesday Morning—July 18. Reports of the President and Executive Secretary. Address on "Preceptorship—A Needed New Look," by Dr. Ralph F. Shangraw, Associate Professor of Pharmacy, University of Maryland School of Pharmacy. An open discussion period on general pharmacy and association matters will follow.

LAMPA Annual Meeting and Luncheon. Feature: Cosmetic Presentation with Miss Delin of Goubaud de Paris. Gifts and favors for all.

Tuesday Evening — TAMPA's Annual Extravaganza featuring "A Night at the Races." Prizes.

Wednesday Morning—July 19. Panel discussion moderated by Gordon A. Mouat on "Pharmaceutical Aspects of Government Programs." Panelists: Irving I. Rubin, Editor, American Professional Pharmacist, on "Why the Next Few Years are Vital to Pharmacy"; Claude V. Timberlake, Vice-President, National Pharmaceutical Council, on "Medicare—Medicaid—A Year Later"; Darryl F. Zeller, Assistant Director, Johns Hopkins Hospital Pharmacy, on "Training Community Pharmacists for Institutional Practice."

Dr. Peter P. Lamy, Associate Professor of Pharmacy, University of Maryland, will present the results of a survey, "The

Community Pharmacist as Physicians See Him."

Wednesday Afternoon—Renewal of annual classic ball game: Pill Rollers vs. Pill Pushers (TAMPA).

Wednesday Evening—A gala Broadway Show in Tamiment's Theater.

Thursday Morning—July 20—Election of officers, New Business, adoption of resolutions and Report of Representatives on State Medical Assistance Advisory Committee. Discussion period on current issues facing pharmacy.

TAMPA Annual Meeting and Election of Officers.

Thursday Evening—Tamiment Reception, open bar, Hors d'oeuvres. Annual Banquet.

Recreation and Entertainment for every taste and every age.

A gala show and dancing every evening.

All day counselors for children's supervised programs.

Golf tournament for all—tee off anytime beginning Monday morning. Prizes.

A bonanza of activities calls you to action . . . 18-hole championship golf course . . . fourteen tennis courts (five all-weather) . . . baseball diamonds . . . handball courts . . . shuffleboard . . . volley ball . . . an entire ping pong building . . . billiards . . . poolside entertainment, daylight dancing, dance lessons, sun worshipping . . . a flotilla of rowboats, canoes on a crystal clear stocked lake . . . art classes . . . calisthenics . . . music recitals . . . all in a scenic park, setting Tamiment apart from all other citified resorts.

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repair it under
Medicare and
that's that!"



CONVENTION SPEAKERS . . .



IRVING RUBIN

Irving Rubin, editor of the *American Professional Pharmacist*, has over 25 years' experience in the pharmaceutical field. He will speak at the Wednesday session on the panel on "Pharmaceutical Aspects of Government Program." His talk is entitled "Why the Next Few Years Are Vital to Pharmacy" and will be a review of the various trends which are shaping pharmacy's future to change it from what we have known it to be in the past.

He served as pharmacist and manager of retail pharmacies, chief pharmacist of a 1000-bed hospital, Managing Editor on *Pharmacy of American Druggist* and Editorial Director of the annual *Blue Price Book*.

A "cum laude" graduate of the Brooklyn College of Pharmacy, Mr. Rubin also received a B.A. degree in English from Brooklyn College. He entered the U. S. Army in 1942 as a private, and was dis-

charged in 1946 as a captain with the Bronze Star Medal.

Mr. Rubin is a member of the Board of Trustees, Brooklyn College of Pharmacy.

Nationally known as a writer and speaker on pharmaceutical subjects, Mr. Rubin has served as a member of the American Pharmaceutical Association's House of Delegates, as vice chairman of the A.Ph.A.'s national convention, and as president of its New York branch.

He was publicity chairman for the 1962 annual convention of the National Association of Retail Druggists.

He served as moderator for the panel on "Changing Patterns in Pharmacy" at the 1962 Convention of the Maryland Pharmaceutical Association at Galen Hall, and addressed the Baltimore Metropolitan Pharmaceutical Association in 1964 on "Pharmacy Today: Commercial or Professional".

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**CLAUDE V. TIMBERLAKE**

Claude V. Timberlake, Vice-President, National Pharmaceutical Council, will participate in the Wednesday session panel. His talk on "Medicare—Medicaid—A Year Later" will cover the progress of Titles XVIII and XIX with some of the problems encountered at local, state and national levels. An explanation of how various states have implemented various drug programs in the Title XIX or medical assistance area.

Mr. Timberlake, a graduate of the University of North Carolina School of Pharmacy, has his pharmacy roots in his father's community pharmacy.

He entered the Navy in 1939 as a fighter pilot and in 1948 transferred to the pharmacy section of the Navy Medical Service Corps. After broad and varied experience in the Navy, including Head, Pharmacy Service, U. S. Navy and Chief Pharmacy Consultant to the Surgeon General, U. S. Navy, he retired in January 1966 with the rank of Captain.

Mr. Timberlake has received a great number of awards and honors. Among them are the Bronze Star, Navy Com-

mendation Medal and Presidential Unit Citation, as well as top awards of the Association of Military Surgeons of the U.S. and Certificate of Merit, Surgeon General U. S. Navy.

He was chairman of the Military Section of the A.Ph.A. and of the Pharmacy section of the Association of Military Surgeons.

Mr. Timberlake is one of the most knowledgeable pharmacists in the field of governmental pharmaceutical programs.

DARRYL F. ZELLERS

Darryl F. Zellers, Assistant Director, Johns Hopkins Hospital Pharmacy, will take part in the Wednesday Convention session on "Pharmaceutical Aspects of Government Programs". He will speak on "Training Community Pharmacists for Institutional Practice".

Mr. Zellers is a member of American Society Hospital Pharmacists cadre which directs the ASHP-NPC (National Pharmaceutical Council) traineeship program designed to orient community pharmacists to institutional practice. This program involves establishing and supervising on-the-job training sessions for community pharmacists in hospitals. He will also speak on the Department of HEW's seminars on institutional pharmacy practice for community pharmacists.

A graduate of the University of Toledo College of Pharmacy in 1961, Mr. Zellers served as Director of Pharmacy service at Maumee Valley Hospital, Toledo, until joining Johns Hopkins Hospital in 1965. He also served as Director of Poison Control Center, Northwest Ohio and as Secretary of the Ohio Society of Hospital Pharmacists.

Currently Mr. Zellers is on the Committee on Organization and Membership of the American Society of Hospital Pharmacists and on the Education Committee of the Maryland Association of Hospital Pharmacists. In February he represented the MPA on the "Seminar for Principal Nursing Home Physicians"

by presenting a talk on "Drug Policy and Regulations".



PETER P. LAMY

Dr. Peter P. Lamy, Associate Professor of Pharmacy, University of Maryland School of Pharmacy, will speak at the Wednesday session on "The Community Pharmacist as Physicians See Him".

The results of a survey involving 300 physicians out of 1000 who were queried revealed some startling information. Physicians were asked their opinions of the pharmacist's professional status, his education and his ability to act as a medication expert.

The physician was asked why he selects a certain pharmacy, what he expects a pharmacist to do, whether he would want the pharmacist to give certain information to patients and other questions.

Dr. Lamy, a graduate of the Philadelphia College of Pharmacy and Science, joined the faculty of the University of Maryland, School of Pharmacy, as Assistant Professor of Pharmacy in September 1963.

Dr. Lamy, a native of Germany was Instructor in Pharmacy at the Philadelphia College of Pharmacy and Science from 1956-June 1963 while pursuing graduate work leading to the M.S. and Ph.D. degrees.

During this time, he also held an appointment as Instructor in Pharmacology at the Woman's Hospital of Philadelphia and as Assistant to the Director of Pharmacy Service, Jefferson Medical College and Hospital in Philadelphia. He has also been active in community pharmacy and industrial pharmacy.

Dr. Lamy, author of several publications, is a member of several organizations, among them the American Pharmaceutical Association, American Society of Hospital Pharmacists, American Association for the Advancement of Science and Rho Chi.

This year he was elected Vice President of the Maryland Association of Hospital Pharmacists.

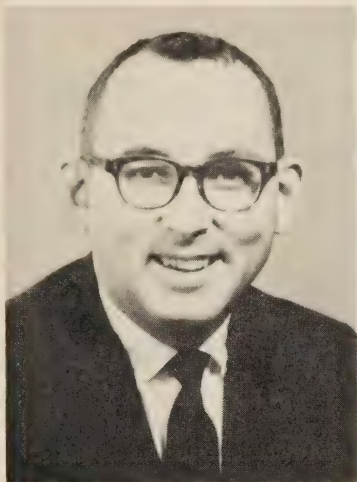
Dr. Lamy worked with the Maryland Pharmaceutical Association in the planning and design of the Swain Model Pharmacy presented by the Association to the School of Pharmacy. He is serving as director of the model pharmacy and is scheduled to present instruction utilizing the facility.

RALPH F. SHANGRAW

Dr. Ralph F. Shangraw, Associate Professor of Pharmacy, University of Maryland School of Pharmacy, will speak at the Tuesday session on "Preceptorship—A Needed New Look".

The crucial importance of internship and apprenticeship to the future of the profession is not fully realized by all in pharmacy. Dr. Shangraw's presentation will summarize current pharmacy internship programs and the position of the American Association of Colleges of Pharmacy. He will review present Maryland regulations, their advantages and disadvantages.

Dr. Shangraw has suggestions for a more meaningful program covering length of time, roll of preceptor, reports,



compensation and responsibilities of the schools of pharmacy.

Dr. Shangraw, a native of Vermont and whose father is a community pharmacist, received his B.S. and M.S. from the Massachusetts College of Pharmacy and his Ph.D. in Pharmaceutical Chemistry from University of Michigan in 1959.

He joined the University of Maryland as Assistant Professor in 1958, becoming Associate Professor in 1963.

Dr. Shangraw has conducted research, published and presented papers before the A.Ph.A. and the Swain Seminar of the MPA. He has been honored by Rho Chi and Sigma Si.

Dr. Shangraw is active on committees of the University as well as the School of Pharmacy. He has taken a deep interest in the affairs of the Association and the profession.

Senate Resolution No. 56

By Senator Friedler

Senate Resolution congratulating the pharmacists of Maryland on the observation of its 85th anniversary.

Whereas, The pharmacists of Maryland, being dedicated to the development of the highest standards of pharmaceutical education and professional practice as the guardians, compounders and drug experts of the pharmacies and laboratories of the State and as pharmaceutical consultants and advisors to both the medical profession and the general public; and

Whereas, The pharmacists of Maryland, being devoted to the advancement of pharmacy as a profession and of finding ways to more effectively serve the public health and welfare, did, in 1882, organize to form the Maryland Pharmaceutical Association; and

Whereas, The Maryland Pharmaceutical Association is observing its 85th anniversary at its 85th Annual Convention from July 16th through July 20th at

Tamiment-in-the-Poconos; now, therefore, be it

Resolved, That the Senate of Maryland give recognition to the outstanding contributions of the pharmacists of Maryland and of the Maryland Pharmaceutical Association to the public health and general welfare of the citizens of Maryland; and be it further

Resolved, That the Senate of Maryland congratulate the Maryland Pharmaceutical Association on this auspicious milestone in its history, the observance of its 85th anniversary; and be it further

Resolved, That a copy of this Resolution be sent to Morris R. Yaffe, President of the Maryland Pharmaceutical Association, Kelly Memorial Building, 650 West Lombard Street, Baltimore, Maryland 21201.

By the Senate, March 13, 1967.

Read and adopted.

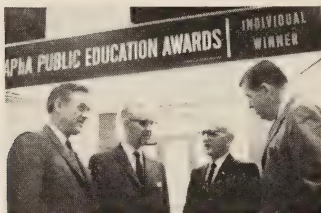
By order, J. Waters Parrish, Secretary.

s/ William S. James
President of the Senate.

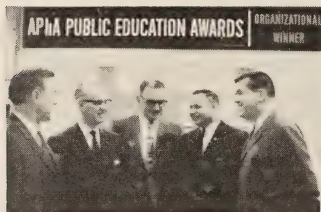
s/ J. Waters Parrish
Secretary of the Senate.

Silas J. Wright and Michigan State Pharmaceutical win APhA honors

Awards sponsored by Pfizer Laboratories—among pharmacy's highest



Chatting before the individual winner's booth are (left to right) Sam Brock, sales manager of Pfizer Laboratories; Dr. Linwood Tice, immediate past president of APhA; Silas J. Wright of Brazoria, Texas, individual winner; and J. Harris Fleming, director of trade relations, Pfizer Laboratories.



Shown here in front of the organizational winner's booth are (left to right) Sam Brock, sales manager of Pfizer Laboratories; Dr. Linwood Tice, immediate past president of APhA; Richard Dillon, president of the Michigan State Pharmaceutical Association; Robert Johnson, executive director of the Michigan State Pharmaceutical Association; and J. Harris Fleming, director of trade relations, Pfizer Laboratories.

Las Vegas, Nevada, April 9-12, 1967

Silas J. Wright, 61-year-old pharmacist of Brazoria, Texas, and the Michigan State Pharmaceutical Association have been named winners of the 1966 APhA Public Education Awards Competition, sponsored by Pfizer Laboratories. Presentations were made before a General Session of the APhA Annual Meeting in Las Vegas last April.

The PEAC Awards, now in their sixth year, are among the highest in pharmacy. They are presented to an individual pharmacist and to a pharmaceutical organization whose public education programs are judged most effective in educating the public to pharmacy's role in improving community health. They consist of a trophy, a cash prize of \$500.00, and an expense-paid trip to the APhA Annual Meeting.

Mr. Wright maintains Wright's Pharmacy in Brazoria, a town of 1,300 in the Gulf Coast area of Texas. His public service program consisted of daily radio talks, a weekly column in *The Brazoria County News*, and numerous personal appearances before civic groups. He was nominated for the individual PEAC Award by Randy Griffin of KBRZ Radio, Freeport, Texas.

Poison Prevention Program

The Michigan State Pharmaceutical Association won the PEAC organizational Award for its poison antidote kit (PAK) program. A well-coordinated statewide effort was made to educate the public on poison prevention by focusing attention on the community practitioner as the prime source of health information and services.

The Michigan Association endeavored to place in as many homes as possible, especially where there were young children, a PAK for use in most poisoning emergencies. It also brought the problem of accidental poisoning to the attention of the public through PAK publicity. Emergency phone numbers were provided to the recipients of the kits.

Another aspect of the campaign was to establish the pharmacist as a dependable advisor on the kit. Distribution was through Michigan State's Pharmaceutical Association's affiliated local associations and by direct shipment to individual pharmacists. National Poison Prevention Week 1966 was a focal point of the year-round program, and by year's end 35,000 kits had been distributed throughout the state.

Displays of the winning entries in the individual and organization divisions were on exhibit at the 114th APhA Annual Meeting in Las Vegas, April 9 to 12, 1967.

Judges of Competition

Members of the APhA Committee on Public Relations served as judges, with assistance from Leland R. Rosemond of N. W. Ayer & Son, Inc., of Philadelphia, and Edward P. VonderHarr of Cincinnati, Vice President of the Public Relations Society of America. Committee

members were Chairman Arthur F. deVaux of Michigan, Edward Brady of California, J. Harris Fleming of New York, Thomas H. Groner of Pennsylvania, and William J. Koch of Wisconsin. Chairman deVaux did not participate in the organizational judging.



View of the convention hall at Las Vegas as the individual and organizational awards were announced to APhA members.



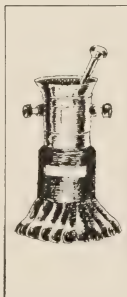
Robert Johnson (left), executive director of the Michigan State Pharmaceutical Association, and Richard Dillon (center), president of the association, are congratulated by Dr. Linwood Tice, immediate past president of the APhA, for their winning PEAC program.



Silas J. Wright (left), winner of the individual PEAC award, and Dr. Linwood Tice, immediate past president of the APhA, discuss Mr. Wright's winning effort.

Miami Beach site of 1967 APhA awards. Plan now to enter—send for information

Now is the time to plan for the 1967 PEAC Awards. You may enter yourself or nominate some other person or organization. A brochure outlining the rules for prospective entrants and entry blanks are available on request from: Public Education Awards Competition, American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037. Deadline for all entries is December 31, 1967. Awards will be made and winning entries displayed at the 1968 APhA Annual Meeting in Miami Beach, Florida.



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Program 85th Annual Convention

MARYLAND PHARMACEUTICAL ASSOCIATION

in conjunction with the Ladies and Travelers Auxiliaries

TAMIMENT-IN-THE-POCONOS, TAMIMENT, PA., JULY 17, 18, 19, 20, 1967

Registration in the Administration Building beginning Sunday, July 16—3:00 P.M.

SUNDAY, JULY 16

- 3:00 P.M. Hospitality Room—refreshments for early arrivals
- 9:30 P.M. Dancing and entertainment a la Tamiment

MONDAY, JULY 17

- 9:00 A.M. Registration Desk Opens
- 2:00 P.M. FIRST SESSION—Constellation Room
- 2:00 P.M. Convention Call to Order—President Morris R. Yaffe
 - Invocation
 - Opening Remarks—President Yaffe
 - Communications
 - Committee Reports
 - Treasurer's Report
 - Report of the School of Pharmacy, University of Maryland, Dr. Noel E. Foss, Dean
 - Report of the Board of Pharmacy—Francis S. Balassone, Secretary, Maryland Board of Pharmacy
 - Announcements
 - Attendance Prizes
 - Adjournment

ENTERTAINMENT FEATURES:

- 9:00 A.M. Golf Tournament begins
- 3:00 P.M. Ladies Golf Putting Tournament. Prizes
- 9:30 P.M. Entertainment—Dancing—Ballroom
- 10:00 P.M. Presidential Reception—Courtesy Youngs Drug Products Corp.—Sunset Room
- 10:45 P.M. Late Late Show (Live)—Constellation Room

TUESDAY, JULY 18—SECOND SESSION—Constellation Room

- 10:00 A.M. Call to Order—President Yaffe
 - Early Bird Attendance Prize
 - Address of President Morris R. Yaffe
 - Report of Executive Secretary—Nathan I. Gruz
 - Prize Drawings
 - "Preceptorship—A Needed New Look" by Dr. Ralph F. Shangraw
 - Discussion Period
 - Pharmacy "Table Clinics"
 - Announcements
 - Prize Drawings
 - Adjournment
- 12:00—LAMPA Annual Meeting and Luncheon—Prizes, gifts.
 - Special Program:
 - Cosmetic Presentation with Miss Delin of Goubaud de Paris

ENTERTAINMENT FEATURES:

- 9:30 P.M. TAMPA "Night at the Races"
Prizes. Dancing in Ballroom

WEDNESDAY, JULY 19

- 10:00 A.M. Panel Discussion—"Pharmaceutical Aspects of Government Programs"—
Gordon A. Mouat, Moderator.
Panelists: Irving I. Rubin, Editor, American Professional Pharmacist—
"Why the Next Few Years are Vital to Pharmacy"; Claude V. Timberlake, Vice-President, National Pharmaceutical Council—"Medicare—Medicaid—A Year Later"; Darryl F. Zeller, Assistant Director, Johns Hopkins Hospital Pharmacy — "Training Community Pharmacists for Institutional Practice".
- 12:00— "The Community Pharmacist as Physicians See Him"—Survey results. Dr. Peter P. Lamy, Associate Professor of Pharmacy, University of Maryland.

ENTERTAINMENT FEATURES:

- 2:30 P.M. Ball Game. Pill Rollers vs Pill Pushers (TAMPA)
2:30 P.M. LAMPA Bus Trip—Sightseeing
9:30 P.M. Gala Broadway Show. Dancing in Ballroom

THURSDAY, JULY 20

- 10:00 A.M. Call to Order—President Morris R. Yaffe
Early Bird Attendance Prize
Communications
Memorial Services
Report of Nominating Committee
Election of Officers and Members of Executive Committee
Election of Nominees for the State Board of Pharmacy
New Business — Resolutions
Report Maryland Medical Assistance Program—Gordon A. Mouat and Donald O. Fedder
Discussion Period
Prize Drawings
Adjournment of the Convention
- 11:00 A.M. TAMPA Annual Meeting—Library
- 1:00 P.M. Luncheon Meeting—MPA Officers and Executive Committee

ENTERTAINMENT FEATURES:

- 6:30 P.M. Reception—cocktails and hors d'oeuvres
7:30 P.M. Annual Banquet—Main Dining Room
Awards
Installation of Officers
- 9:30 P.M. Dancing and Entertainment

PLEASE NOTE: Badges Must Be Worn At All Times.

Banquet Tickets Available For Those Not Registered at Tamiment at \$10.00 per person. The Banquet is considered as Part of the Hotel Convention Rate.

Breakfast will be served from 8:00 to 9:30 A.M.

Lunch will be served from 1:00 to 2:00 P.M.

Dinner will be served from 7:30 to 8:30 P.M. except for Banquet.

Donors of gifts, prizes and favors shall be announced throughout the events of the Convention.

Baltimore Metropolitan Pharmaceutical Association

OFFICERS 1967

Honorary President—HERMAN J. BLOOM
 President—FERDINAND F. WIRTH, JR.
 First Vice President—DONALD O. FEDDER
 Second Vice President—JOSEPH H. MORTON
 Third Vice President—BERNARD B. LACHMAN
 Fourth Vice President—ANTHONY G. PADUSSIS
 Secretary—NATHAN I. GRUZ
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 JACOB L. RICHMAN
 MORRIS R. WALMAN
 FRANK J. WESOŁOWSKI

Ex-Officio

FRANCIS S. BALASSONE

NOEL E. FOSS

PRESIDENT'S MESSAGE

The May meeting featured Martin Golden, a Delaware pharmacist, who spoke on "Prescription Pre Payment Plans—What Kind for Maryland?". Mr. Golden, a proprietor of a community pharmacy, is active in the Eastern Pharmaceutical Service Corporation.

Mr. Golden presented a thorough review of the problems involving prescription pre-payment and the various plans now in operation. It is believed that some kind of plan will be available in the next few months.

Maryland is participating in the Eastern Pharmaceutical Service Corp. which is studying the whole problem. All pharmacies will be receiving details in the near future and we hope you will give this matter serious consideration.

It is important for pharmacists to be part of this and help develop policy.

Joseph U. Dorsch and H. Wilfred Gluckstern, members of the BMPA, are on the Board of Directors of Eastern Pharmaceutical representing the State of Maryland. Our 1st Vice President, Donald O. Fedder, is a member of the Research Committee.

This year BMPA's Drug, Cosmetic and Gift Show will be the largest and most comprehensive ever. It will be the only Drug Show in the Baltimore area this year. Make sure you attend. Save your buying for **your** Show August 8, 9, 10 at Blue Crest North. The big prize will be a Volkswagen. There will be many other prizes such as TV and radios.

At this time I urge all the members of the BMPA to attend the 85th Annual Convention of the Maryland Pharmaceutical Association at Tamiment-in-the-Pocos, July 17-20. Let's have full representation from this area.

FERDINAND F. WIRTH, JR.
 President



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• T. A. M. P. A. TATTLER •

OFFICERS OF THE TRAVELERS AUXILIARY MARYLAND PHARMACEUTICAL ASSOCIATION 1966-67

Honorary President—C. WILSON SPILKER

President—FREDERICK H. PLATE

Third Vice Pres.—ROBERT WILLIAMS

First Vice Pres.—WILLIAM A. POKORNY

Sec.-Treas.—JOHN A. CROZIER

Second Vice Pres.—HOWARD L. DICKSON

Assistant Sec.-Treas.—H. SHEELER READ

Directors

Chairman—Herman Bloom

For One Year

Leo (Doc) Kallejian
Joseph A. Costanza
George H. A. Kommalan

For Two Years

Albert J. Binko
Brian Bloom
Francis J. Watkins

For Three Years

Joseph Grubb
William Nelson
Paul Friedel

Maryland Pharmacist Committee

Abrian Bloom, Chairman
Sven Justis

Bernie Ulman
Frank Slama

Volume 25

MAY - JUNE 1967

No. 5

TAMPA President's Message



FREDERICK H. PLATE

As president of the Traveler's Auxiliary of the Maryland Pharmaceutical Association, it is a pleasure to welcome all of you to another outstanding convention of the MPA, LAMPA and TAMPA.

I am happy to be able to say that TAMPA again has worked with MPA and LAMPA to guarantee a truly wonderful program of entertainment and recreation for all.

Entertainment Chairman Bill Pokorny has arranged a wonderful "Night at the

Races" Tuesday evening. This will be in the tradition of the annual TAMPA extravaganza with prizes and gifts galore. You just can't lose by attending. There will be fun for all.

Our baseball squad has finished spring training and is ready to retrieve the grand prize in the renewal of annual Pill Rollers vs. Pill Pushers championship baseball game. Our all-stars are out to show that last year's game was just a stroke of luck with a little assistance from the umpire. We are confident that experience and talent will carry the day.

On Thursday morning at 11:00 A.M. TAMPA will hold its 51st Annual Meeting and election of officers.

I consider it an honor to have served as president of TAMPA and a privilege to have worked with the fine officers and members of the Maryland Pharmaceutical Association.

My thanks go to the officers and members of TAMPA, especially to our Secretary-Treasurer John Crozier, Board Chairman Herman Bloom, and First Vice President Bill Pokorny. All of you have

GET AN EYEFUL OF THESE PROFITS!

SPECIAL SUMMERTIME DEAL
MAY 1 THROUGH JULY 31

COLLYRIUM WITH EPHEDRINE, SOOTHING EYE DROPS

(Plastic squeeze bottles of 4 fl. drams)

YOU BUY	YOU GET FREE	YOUR PRICE*	CUSTOMERS PAY	YOUR PROFIT
11	1	\$ 5.72	\$ 10.68	\$ 4.96
21	3	10.92	21.36	10.44
60	12	31.20	64.08	32.88
115	28	60.32	128.16	67.84

SAME GREAT FREE GOODS DEAL AND BIG PROFIT MARGIN ON COLLYRIUM SOOTHING EYE LOTION

(Bottles of 6 fl. oz. with eyecup)

YOU BUY	YOU GET FREE	YOUR PRICE*	CUSTOMERS PAY	YOUR PROFIT
11	1	\$ 6.27	\$ 11.76	\$ 5.49
21	3	11.97	23.52	11.55
60	12	34.20	70.56	36.36
116	28	66.12	141.12	75.00

*Based on minimum direct order. Sorry, no assortments.



SERVICE
TO
PHARMACY

Wyeth Laboratories
Philadelphia, Pa.

helped to make the past year a most successful and enjoyable one.

I look forward to greeting you at Tamiment and sharing with you a few days of fellowship, fun and relaxation.

TAMPA Crab Feast August 24, 1967

TAMPA'S Annual Crab Feast will again be held at DON DEVER'S in Edgewood. Reserve Thursday, August 24, 1967 from 1:00 P.M. on.

Tickets will be available from members of TAMPA. Look for the salesmen who wear the distinctive TAMPA pin indicating their interest in the profession of pharmacy.

All pharmacists are invited to join members of the drug industry and those calling on pharmacies for an afternoon of fellowship, relaxation and good food.

First Vice President Bill Pokorney is in charge of tickets and Don Spedden is handling luncheon arrangements.

Don Dever's may be easily reached by going out Pulaski Highway east to Edgewood. Turn right on Route 24 for 1½ miles. Take turn right at Old Edgewood Road to the spot.

—O—

Bronkospray Renamed Bronkosol

Bronkospray, an antiasthmatic preparation, has been renamed Bronkosol and is now being made available by Breon Laboratories.

The product's formula has not been changed. It is packaged in 10 ml. bottles which contain a calibrated dropper to insure accurate dosage.

NOTICE

Steps are being taken to institute changes in the publication of **The Maryland Pharmacist** and to bring the journal to a current status.

During the interim period, your indulgence is requested.

PROGRESS or PERISH!

DO YOU HAVE PLANS TO . . .

REMODEL?

MOVE TO NEW LOCATION?

OPEN AN ADDITIONAL PHARMACY?

ENLARGE PRESENT QUARTERS?

ADD LINES?

CARPETING?

EXPAND YOUR CUSTOMER LIST?

IF Not, Plan On Trouble Ahead!

IF YOU DO HAVE PLANS BUT NOT THE CASH, WOULD YOU LIKE TO CARRY OUT YOUR PROGRAM WITHOUT MONEY WORRIES?

YOU CAN!!

UNDER OUR PROGRAM . . .

"TOMORROW'S PHARMACY TODAY"

SEE OUR TERRITORY MANAGER . . . or . . .

CALL Baldwin 3-9000 COLLECT

THE DRUG HOUSE, INC.



GLOVES ARE
A "MUST"
WHILE SHE'S
GLAMOURIZING
HER HAIR

Make your store
her headquarters for
quality hair care products—
a 223 million dollar
annual market!

Complete your department with Schmid's new
 Imperial®
Skin
 thin "HAIR CARE" RUBBER GLOVES



Increase your sales of profitable hair care products with this specialized IMPERIAL drug-store-only "hair care" glove.

When you feature IMPERIAL Skin thin prominently in your cosmetics department, you have a natural companion sale with home permanents, tints, shampoos, conditioners, rinses, combs and dryers.

IMPERIAL Skin thin "hair care" rubber gloves:

- ✦ protect the manicure, and the hands from staining
- ✦ usable over and over again, they last through repeated "touch-ups" because they are "halogenized" to keep them from becoming tacky. A real economy.
- ✦ turn-back, extra-length cuffs for positive "no drip" protection
- ✦ downy-soft full lining to slide easily on and off.

This attractive, compact one dozen unit on your cosmetics counter tells your customers: "Be kind to your hands while tinting your hair."

Only druggists can sell Imperial!



a brass tacks progr

The services you have come to expect from Gilpin are the most comprehensive and meaningful anywhere in America. Industry authorities tell us no other wholesaler in the United States provides as many services with as much value to the pharmacist. That may well be. But what's of far greater significance to you are the reasons and the results.

We believe it to be the wholesaler's job to provide what it takes to help his customers to do more business. And that must include a great deal more than the routine delivery of merchandise. We recognize that the modern pharmacy, regardless of size, is a highly complex,

specialized operation. It takes a great up-dated professional knowledge and a new product awareness, in fully adequate for both sides of the counter—in fast, efficient deliveries, in accurate modern billing methods.

It is an awareness that helps our customers do a more vital and professional job and do more business. It is the reason such a proportion of your area's most successful pharmacies are GILPIN serviced pharmacies.

☞ **New grow-power through the new Community Shield Pharmacy and traffic building programs.**

☞ **A Comprehensive Up-Dated Co**



to deliver customers

Medicare Aids Sales Program.

■ The greater accuracy and efficiency fully computerized UNIVAC and IBM condensed inventory and billing system. And now, computerization makes possible the regular receipt of individual monthly reports of DACA, quantities and dates on which they were filled.

■ A comprehensive store planning and consulting service which includes specialized in site selection, floor design, fixture plan and installation.

■ A wide range of personalized professional services in every Gilpin house . . .

- a well-trained pharmacy oriented sales force
- a financial service consultant
- a fully stocked pharmaceutical library
- the services of a pharmaceutical consultant

Depend on Gilpin for what it takes to help your pharmacy serve more effectively.



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Maryland Board of Pharmacy

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Secretary

301 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201

BOARD OF PHARMACY

Howard L. Gordy of Salisbury, a past president of the Maryland Pharmaceutical Association, was reappointed on May 15th to a second five year term to the Maryland Board of Pharmacy.

Pharmacy Changes

The following are pharmacy changes which occurred during the month of January, 1967:

New

Parkway Pharmacy, Inc., Harold H. Mazer, Pres., Salisbury Parkway & Cypress Street, Salisbury, Maryland.

Peoples Service Drug Stores, Inc. No. 221, G. B. Burrus, Pres., Waldorf Mall Shopping Center, Waldorf, Maryland 20601.

Read Drug & Chemical Company, Arthur K. Solomon, Pres., 219-211 Collins Avenue, Baltimore, Maryland 21229.

Change of Ownership, Etc.

Fulton Pharmacy, Howard E. & Linda Mandel, Props., 1561 N. Fulton Avenue, Baltimore, Maryland 21217. (Formerly owned by Theodore H. Schwartz).

No Longer Operating As Pharmacies

Brooklyn Reliable Pharmacy, C. A. Rodowskas, Sr., Prop., 616 Patapsco Avenue, Baltimore, Maryland 21225.

Cedar Pharmacy, Samuel I. Raichlen, Prop., 3300 Keswick Road, Baltimore, Maryland 21211.

Laurel Pharmacy, Isadore E. Singer, Prop., 300 Main Street, Laurel, Maryland.

Safeway Super S., Quentin Reynolds, Pres., 101 Bowie Road, Laurel, Maryland 20810.

The following are changes which occurred in pharmacies during the month of February:

New

White Cross, D. M. Robinson, Pres., 5305 Baltimore National Pike, Baltimore, Maryland 21229.

Hammonds Lane Pharmacy, Harvey Greenberg, Pres., 615 Hammonds Lane, Baltimore, Maryland 21225.

Change of Ownership, Location, Etc.

The five Gem Pharmacies located at the following addresses have changed in ownership. John Small is now President. (Formerly all were Gem Drug Company, Inc., Stanley Horowitz, Pres.)

5100 Nicholson Lane
Kensington, Maryland
3130 Branch Avenue
Suitland, Maryland
2421 Chillum Road
Hyattsville, Maryland
6501 Baltimore National Pike
Baltimore, Maryland 21228
7930 Eastern Boulevard
Baltimore, Maryland 21224

No Longer Operating As A Pharmacy

Peoples Service Drug Stores, Inc. No. 77, G. B. Burrus, Pres., 4829 Oxon Run Drive, Oxon Hills, Maryland.

The following are pharmacy changes for the month of March, 1967:

New

Drug Fair No. 5, Milton L. Elsberg, Pres., Kent Plaza Shopping Center, Chestertown, Maryland.

Drug Fair No. 85, Milton L. Elsberg, Pres., 17 W. Baltimore Street, Baltimore, Maryland 21201

New Way to Food Profits!



No Investment in Equipment or Fixtures

With Stewart in-fra-red sandwich service you do not tie-up any money in high cost equipment and fixtures. A gleaming, sanitary and efficient Stewart In-fra-red cookery is loaned you and maintained — FREE! Uses only one square foot of space — eliminates kitchen equipment, dishes and dishwashing.

No Costly Food Waste

With Stewart In-fra-red sandwiches there is no waste — no leftovers — no food buying problems — and no mess. Order only as many sandwiches as you need, they're delivered to you at the peak of freshness — hermetically sealed in cellophane.

Easy to store and easy to stock in your present refrigeration.

No Overhead

Stewart "In-fra-red Toasted" Hot Sandwich Service requires no cooks or special employees. You can serve your customers these delicious sandwiches with your present help. You increase profit per employee without increasing overhead.

Call or Write for a Free Demonstration

STEWART IN-FRA-RED COMMISSARY

360 S. DUKELAND STREET

CEnter 3-9110

Drug Fair No. 94, Milton L. Elsberg, Pres., 16516 Frederick Rd., Walnut Hill Shopping Center, Gaithersburg, Maryland 20760.

Change of Ownership, Location, Etc.

Alameda Drug, Inc., Jacob P. Clayman, Pres., 5856 The Alameda, Baltimore, Maryland 21212. (Formerly The Alameda Pharmacy, Inc., Charles Stofberg, Pres.)

Farlow's Pharmacy, Kenneth Bozman & Philip Lindeman, Props., Williams & Main Streets, Berlin, Maryland. (Formerly owned by Walter Savage).

Friedman Drug Company, Nathan J. Friedman, Pres., 701 N. Gay Street, Baltimore, Maryland 21202. (Change from individual ownership to a corporation.)

Lynn's Pharmacy, Norman B. Lynn, Prop., 5 N. Summitt Avenue, Gaithersburg, Maryland. (Formerly owned by Lawrence F. Gusman).

Oken's Rexall Pharmacy, Louis E. & Jack Oken, 702 North Broadway, Baltimore, Maryland 21205. (Formerly located at 700 N. Broadway).

No Longer Operating As A Pharmacy

Parker's Drug Center, Miriam F. Parker, Pres., 344 University Blvd., West Silver Spring, Maryland.

The following are pharmacy changes which occurred during the month of April, 1967:

New

Peoples Service Drug Stores, Inc. No. 267, G. B. Burrus, Pres., 4029 Calverton Boulevard, Beltsville, Maryland.

The Read Drug & Chemical Company, Arthur K. Solomon, Pres., 2401 Cleanleigh Drive, Perring Manor Parkway Shopping Center, Baltimore, Maryland 21234.

White Cross, D. M. Robinson, Pres., North Point Plaza, Baltimore, Maryland.

No Longer Operating As A Pharmacy

Suburban Medical Arts Pharmacy, Morris Rosenberg, Pres., 6480 New Hampshire Avenue, Takoma Park, Maryland.

The following are pharmacy changes which occurred during the month of May, 1967:

New

Bambrick's Pharmacy, Inc., Vincent C. Bambrick, Pres., 21 Franklin Street, Cambridge, Maryland.

Peoples Service Drug Stores, Inc. No. 259, G. B. Burrus, Pres., 7716 Walters Lane, Suitland, Maryland.

Super Giant Pharmacy No. 200, J. B. Danzansky, Pres., 6340 York Road, Baltimore, Maryland 21212.

Change of Ownership, Location, Etc.

Essex Drug Store, Paul Zucker, Prop., 436 Eastern Boulevard, Baltimore, Maryland 21221. (Formerly: Ben H. Macks, Prop.)

Randallstown Pharmacy, Inc., Bernard C. McDougall, Pres., 9824 Liberty Road, Randallstown, Maryland 21133. (Formerly located at 9004 Liberty Road).

Whelan of Maryland No. 1, Inc., Martin S. Ackerman, Pres., 1820 Earhart Road, Essex, Maryland 21221. (Formerly United Whelan Corp.—change of Articles of Incorporation).

No Longer Operating As A Pharmacy

Bass Pharmacy, Harry Bass, Prop., 4224 Pimlico Road, Baltimore, Maryland 21215.

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Graduates of Milton School Of Pharmacy

Licensed pharmacists who are graduates of the Milton School of Pharmacy, which is no longer in operation, are invited to apply for associate membership in the Alumni Association, University of Maryland School of Pharmacy. Please contact Dr. Frank J. Slama, Executive Secretary, Alumni Association, University of Maryland, School of Pharmacy, 636 West Lombard St., Baltimore, Md. 21201. Phone: 955-7520.



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VICTOR H. MORGENROTH, JR.

Victor H. Morgenroth, Jr., Baltimore pharmacist long a leader in local, state and national pharmacy affairs, is a candidate for First Vice President of the American Pharmaceutical Association. Mary Lou Anderson of Wilmington, Delaware, is his opponent.

Mr. Morgenroth was born on April 25, 1914. He received his Bachelor of Science degree in Pharmacy from the University of Maryland School of Pharmacy in 1939. He joined the American Pharmaceutical Association in 1947 and is a member of the Admissions Committee of the National Formulary. He is a Regional Director of the American College of Apothecaries and a Past President of the Baltimore Metropolitan Pharmaceutical Association, the Maryland Pharmaceutical Association and the Alumni Association of the University of Maryland School of Pharmacy. He serves on

the Mayor's Commission for the Aged in Baltimore City, the Maryland State Board of Hospital Licensure and as Pharmacy Consultant in the Baltimore Health Department's Medical Care Division. He is active in professional and church affairs.

Mr. Morgenroth is a partner with pharmacist Joseph A. Dorsch. They operate two pharmacies, one a "pharmaceutical center."

—O—

Paregoric Now Class B Narcotic

Effective April 1, 1967, Paregoric U.S.P. XVII (Camphorated Opium Tincture U.S.P. XVI), alone or in combination with narcotic or non-narcotic drugs has been designated as Class B Narcotic under state law and regulations.

F. S. Balassone, Chief Division of Drug Control, in announcing the approval of the State Board of Health and Mental Hygiene, stated:

"The purpose of the regulation was to lift paregoric from Class A, and put it in Class B, allowing paregoric prescriptions or prescriptions containing paregoric to be telephoned by a physician to a pharmacist. Paregoric still remains a prescription drug subject to the narcotic laws.

The above regulation will facilitate patients needing such medication to get it quickly and, of course, make the mechanics between the physician and pharmacist easier."

The status of paregoric in Maryland has been unsatisfactory to pharmacists and physicians for many years. The Maryland Pharmaceutical Association requested the Board of Pharmacy to take the steps necessary to effect the change announced above.

—O—

52,500 persons were killed and 4,400,000 injured in traffic accidents last year. The survey showed that alcohol was a contributing factor in more than half of all fatal accidents.

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Ever Outgrows the Need for

MILK

GET THE BEST . . . GET . . .



MU lberry 5-3800

SK&F ANNOUNCES

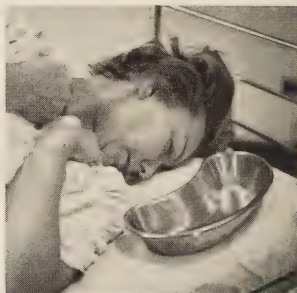
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ANTIEMETIC AGENT



*Studies in vertigo show
79% good to excellent relief*



*Studies in nausea and vomiting
show effectiveness equal
to that of Compazine[®]
(brand of prochlorperazine) . . .
with few limiting side effects*

Available	Strength	Size	List Price, Each
Tablets diphenidol as the hydrochloride	25 mg.	100's	\$7.00
Suppositories* diphenidol as the base	25 mg.	6's	1.50
	50 mg.	6's	1.90
Suspension diphenidol as the pamoate	20 mg./5 ml.	4 fl. oz.	1.80
Injection diphenidol as the hydrochloride			
Ampuls, 2 ml.	20 mg./ml.	6's	4.50
		100's	71.00 (save \$4.00—5%)
Multiple-dose Vials, 10 ml.	20 mg./ml.	1's	3.40
		20's	65.00 (save \$3.00—5%)

*Note: Keep in a cool place, preferably in a refrigerator.
Advise patrons to refrigerate before using.

prices subject to change without notice

'Vontrol' is not related to the antihistamines, phenothiazines or other agents with antivertigo or antiemetic effect. For complete prescribing information, see package circular. The following is a brief precautionary statement.

Contraindications: Known hypersensitivity to the drug is a contraindication. Anuria is a contraindication. (Since approximately 90% of the drug is excreted in the urine, renal shutdown could cause systemic accumulation.)

Warnings: Although mild to moderate drowsiness occurs infrequently (reported in 4% of adults), its possibility should be borne in mind when prescribing for patients who drive cars or operate machinery.

Use of any drug in pregnancy, lactation or in women of childbearing age requires that the potential benefits of the drug be weighed against its possible hazards to the mother and child. 'Vontrol' is not indicated for use in nausea and vomiting of pregnancy, since the therapeutic value and safety in this indication have not yet been determined.

Precautions: The antiemetic action of 'Vontrol' may mask signs of overdose of drugs (e.g., digitalis) or may obscure diagnosis of conditions such as intestinal obstruction and brain tumor.

Although there have been no reports of blood dyscrasias or other idiosyncratic reactions with 'Vontrol', as with any new drug, patients should be observed regularly.

'Vontrol' has a weak parasympatholytic effect. Although there is little evidence that it will produce significant atropine-like effects, 'Vontrol' should be used with care in patients with glaucoma, obstructive lesions of the gastrointestinal and genitourinary tracts, such as stenosing peptic ulcer, prostatic hypertrophy, pyloric and duodenal obstruction, and organic cardiospasm.

Intravenous administration to persons with a history of sinus tachycardia may be undesirable because this procedure may initiate an attack in such patients.

Several patients were reported to have had a transient decrease in systolic and diastolic blood pressure, up to 20 mm. Hg., following parenteral use of 'Vontrol'.

NOTE: The drug is not recommended for use in infants under six months or 25 pounds. Intravenous or subcutaneous administration is not recommended in children of any age.

Adverse Reactions: Drowsiness, dry mouth, g.i. irritation (nausea and indigestion), or blurred vision may occur. Rarely, slight dizziness, skin rash, malaise, headache, or heartburn may occur. One mild case of jaundice of questionable relationship to the use of 'Vontrol' has been reported. Slight, transient lowering of blood pressure has been reported in a few patients.

MARYLAND PHARMACEUTICAL ASSOCIATION

KELLY MEMORIAL BUILDING • 650 WEST LOMBARD STREET
BALTIMORE, MARYLAND 21201

Dear fellow pharmacist:

During the past ten years **your** state professional society—the Maryland Pharmaceutical Association—has succeeded in obtaining the enactment of legislation which has been helpful in advancing the status of pharmacy as well as in serving the public interest.

Some of these additions to the Maryland Pharmacy Law are, in brief:

1. Specification of certain acts as grossly unprofessional conduct subjecting a guilty pharmacist to suspension or revocation of his license. Some examples: payment of rebates; providing imprinted prescription blanks; involvement or employment in a physician-owned pharmacy (this effectively bars an MD from operating a pharmacy); advertising to the public the prices of prescriptions or the use of such terms as "cut-rate", "discount" or "bargain"; advertising or claiming professional superiority which may undermine confidence in the ability, character and integrity of other pharmacists.
2. A pharmacy is prohibited from engaging in a closed-door operation. It must offer **complete** pharmaceutical service and shall not offer professional services under terms and conditions which tend to interfere with or impair the free and complete exercise of professional judgment or skill or enter into any agreement which denies the patient the right of free choice of pharmacists.
3. Licensing of wholesalers and manufacturers of dangerous (legend) drugs.
4. Prohibition against advertising any dangerous drug by either brand or generic name.

Now at the 1967 session of the Legislature, after ten years of extensive debate and laborious effort, the Association has succeeded in obtaining the enactment of additional vitally needed legislation: definitions of the "practice of pharmacy" and "a pharmacy", and importantly, the authority of the Board of Pharmacy to promulgate rules and regulations "governing the standards of practice of pharmacy, and operation of pharmacies including rules and regulations governing the method of advertising, promotion and standards for filling and refilling prescriptions, necessary to protect public health, safety, and welfare".

Increased medical care prescription fees from a 50c to a \$1.00 minimum were obtained by the MPA in 1965 and 1966. In July 1967 an average fee of \$1.50 will go into effect as a result of **your** MPA.

Also, this year we had pharmacy services added to the law which provides for non-profit prescription pre-payment plans, such as Blue Shield. An attempt to repeal the Maryland Fair Trade law was defeated.

All this is just a bare outline of what has involved many of your Association leaders who freely give many hours and days of hard work. You must under-



Nothing spoils a vacation like traveler's diarrhea.

So be sure to remind your vacation-bound customers to take along Donnagel for diarrhea *and* its discomforts. (Donnagel contains kaolin and pectin for diarrhea and belladonna alkaloids for the accompanying discomforts.) Check your Donnagel stock now for the vacation diarrhea season ahead.

Donnagel[®] (for vacationer's diarrhea)

Your A. H. Robins representative will soon bring you this family of sales aids.

A. H. Robins Company, Richmond, Virginia 23220 **A-H-ROBINS**

stand, too, that it would have been impossible without a full time Association office. During these sessions your Executive Secretary, Nathan Gruz, spent days and nights as our Legislative Agent in Annapolis and followed through to a most successful conclusion. He marshalled our forces from all over the state and brought them to bear upon our Legislature and Governor. Never before did Pharmacy in Maryland mount such a penetrating campaign. We left an indelible, positive impression upon the Governor, his staff and the General Assembly for the benefit of Pharmacy.

What does this all mean to you? Where do you come in?

The enactment of the 1967 law requires the participation of all pharmacists concerned with their profession. We would like you to give serious thought as to **what kind** of rules and regulations are most urgently indicated. Please let us have **your** ideas as to what are the **most critical problems** and **what your suggested remedies** are.

With the support of **every** pharmacist I am confident that we **can** further the profession of pharmacy. We're **counting** on YOU.

All suggestions will be given careful consideration by the Legislative Committee.

Let us hear from you **soon**.

Yours for a greater pharmaceutical future,

Morris R. Yaffe,
President

Eastern Shore Pharmaceutical Society

The Eastern Shore Pharmaceutical Society met at the Beach Plaza Hotel, Ocean City, Maryland on May 28th.

Donald R. Young of St. Michaels, president, presided at the meeting. He thanked all the officers and pharmacists who supported the efforts of the Maryland Pharmaceutical Association in passage of Senate Bill 283 which improved the pharmacy laws of Maryland. He particularly commended Elmer Sterling, Thomas Payne, William Jones and Nathan Gruz, Executive Secretary of the Maryland Pharmaceutical Association.

A dinner and color film of the Baltimore Colts followed.

The next meeting was announced for September 24th at the Miles River Yacht Club, St. Michaels.

Montreal Chosen as Site For 1969 APhA Meeting

Montreal has been selected as the host city for the 1969 American Pharmaceutical Association annual meeting. The dates for the 1969 meeting will be May 17-23.

The "Paris of North America" and the second largest French-speaking city in the world will provide a unique setting for APhA's annual meeting. Official hotels will include the Queen Elizabeth, La Chateau Champlain, the Bonaventure, the Laurentian and the Windsor. The mid-May dates for the Association's 1969 annual meeting will assure weather which is described in Montreal as "c'est magnifique."

The 1968 APhA annual meeting is scheduled for Miami Beach, May 5-10 and the 1970 meeting is set for Washington, D.C., April 12-17.

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CONTEMPORARY GREETING CARDS

Maryland Pharmacy Legislation

Senate Bill 283

Introduced by Senators Louise Gore and Carl L. Friedler

Effective June 1, 1967

ARTICLE 43 — "HEALTH" — "COMMISSIONERS OF PHARMACY"

Section 250 to read:

(a) The "Practice of Pharmacy" is the practice that is concerned with the art and science of preparing, compounding and dispensing of drugs, medicines and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on the prescription of a medical practitioner, or otherwise legally dispensed or sold, and shall include the proper and safe storage and distribution of drugs, the maintenance of proper records, therefore, and the responsibility of providing information as required, concerning such drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease.

The words "drug" and "devices" shall not include surgical or dental instruments, physical therapy equipment, x-rays apparatus, their component parts or accessories.

The "practice of pharmacy" shall not include the operations of a manufacturer or wholesaler as prescribed in Section 269 and Section 270A of Article 43 of the Annotated Code of Maryland.

(b) A "Pharmacy" means and includes every establishment or institution where (1) the practice of pharmacy is conducted; (2) drugs, medicines or medicinal chemicals are dispensed, offered for sale, given away or displayed for sale at retail; (3) where prescriptions are compounded or dispensed; or (4) which has upon it or displayed within it or affixed to or used in connection with it, a sign bearing the word or words, "pharmacist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicines," "Medicine store," "drug sundries," "remedies," or any word or words of similar

or like import, or where the characteristic show bottles or globes filled with colored liquid or otherwise colored, are exhibited on any store or shop or other place, or with respect to which any of the above words are used in any advertisement, the effect of which would tend to indicate that the practice of pharmacy is being conducted in such establishment.

Add to Section 258.

The Board may promulgate rules and regulations, in accordance with the provisions of Article 41, Sections 244 to 256, inclusive, known as The Administrative Procedure Act, governing the standards of practice of pharmacy and operation of pharmacies including, rules and regulations governing the method of advertising, promotion and standards for filling and refilling prescriptions, necessary to protect public health, safety, and welfare.

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Mexico Trip Links NARD Convention

October 29 - November 12

The 1967 convention of the National Association of Retail Druggists will be held in Houston, Texas, from Sunday, October 29th through Thursday, November 2nd.

A special economical package trip to the convention and tour of Mexico will start from Baltimore's Friendship International Airport. The group will fly from Houston November 2nd to Mexico City. The tour includes Taxco and arrival in Acapulco on Tuesday, November 7th.

Departure and arrival at Friendship by direct flight will be on Sunday, November 12th.

Call the Association office, 727-0746, in order to receive details.

What's in the alligator bag?



Heritage.

... a heritage started by the man who founded the Upjohn Company 86 years ago. He carried an alligator bag; that's why our salesmen carry one.

It stands for quality. Upjohn standards of purity and efficacy in its products are high. We insist on similarly high standards of quality and integrity in the men who represent us. Our company is judged by how well we meet or surpass these marks of excellence.

Next time an Upjohn man calls, notice his alligator bag. It stands for something important: products and selling policies that help preserve your professional and commercial integrity as well as protect your customers' well-being.

Upjohn

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Request Pharmacist Nominees For Inter Professional Award

State-wide nominations for the NARD-Lederle National Interprofessional Service Award are now officially open, Morris R. Yaffe, President of the Maryland Pharmaceutical Association, has announced.

The Interprofessional Service Award is designed to "focus public attention on an NARD member pharmacist, who by his record of achievement, has notably contributed toward the improvement and profession of inter-professional relations between medicine and pharmacy," according to Mr. Yaffe.

The award will consist of a scholarship grant of \$1,000 in the name of the successful candidate to be presented to the pharmacy school of his choice. The awardee will also receive \$500 to attend the annual NARD Meeting where the grant and permanent plaque will be officially presented. The runner-up candidates will be given appropriate scrolls recognizing their achievements.

The criteria to be used for the basis of the judging will be any activity or activities falling within the following guidelines:

- initiating or promoting the "inter-professional relationship" theme and/or communicating its concept on a local, regional or state-wide basis.
- Organizing or working towards the establishment of an interprofessional relations committee to act as liaison between the professions.
- Developing or aiding in the development of health projects which could be carried out jointly by the two professions, for the betterment of the community.

The rules of the award competition are that anyone may place in nomination the name of an NARD member pharmacist who appears to qualify under

the aforementioned criteria. The letter of nomination, *postmarked no later than August 1*, should be sent to the president of the state pharmaceutical association, Morrie R. Yaffe, 650 W. Lombard Street, Baltimore, Md. 21201.

The letter should contain the candidate's name and home address, name and address of his pharmacy, and description of his inter-professional activities with copies of supporting data, such as newspaper clippings or correspondence, in properly organized form, attached.

The state association president, in consultation with the president of the state medical society will select the candidate to represent the state. The name will then be submitted to a judging panel of physicians and pharmacists to be selected by the American Medical Association and the National Association of Retail Druggists.

—O—

New Drug's Effect in Addicts Discussed at Research Institute

Experimental studies to determine the value of a new, non-addicting analgesic compound in narcotic addicts and in persons with depressive disorders were described at a seminar sponsored by the Sterling-Winthrop Research Institute.

The new compound has the generic name of cyclazocine, and the research designation of Win 20,740. It is one of a number of chemically-related compounds in a class called narcotic antagonists which were synthesized by chemists at the Sterling-Winthrop Research Institute. Research with cyclazocine has disclosed it to be effective in preventing narcotic addicts from getting "hooked" again after stopping the habit, it was noted at the Institute's seminar.

The Recipients of the

MEAD JOHNSON LABORATORIES GRANTS FOR UNDERGRADUATE RESEARCH IN PHARMACY

The American Association of Colleges of Pharmacy has selected the recipients of Mead Johnson Laboratories Grants for Undergraduate Research in Pharmacy for the 1967-68 Academic Year.

Dr. Joseph E. Sinsheimer
Associate Professor
Pharmaceutical Chemistry
College of Pharmacy
University of Michigan

Dr. James Swarbrick
Associate Professor
School of Pharmacy
University of Connecticut

Dr. James T. Stewart
Assistant Professor of
Pharmaceutical Chemistry
School of Pharmacy
University of Georgia

Dr. Joseph Schradie
College of Pharmacy
University of Toledo

Dr. Gerald Sullivan
Assistant Professor of Pharmacognosy
College of Pharmacy
University of Texas

Dr. Paul Zanowiak
Assistant Professor of Pharmaceutics
School of Pharmacy
West Virginia University
Medical Center

Dr. William B. Harrell
Associate Professor
Pharmaceutical Chemistry
School of Pharmacy
Texas Southern University

Dr. Arthur J. Zimmer
St. Louis College of Pharmacy

Dr. Morton L. Mallin
Associate Professor of Microbiology
College of Pharmacy
Ohio Northern University

Dr. Leslie Z. Benet
Assistant Professor of Pharmacy
College of Pharmacy
Washington State University

It is a privilege for the people of Mead Johnson Laboratories to again sponsor this program designed to stimulate student interest in pharmaceutical research.

The role of Mead Johnson Laboratories in regard to these awards is limited to providing award funds and consultation to the American Association of Colleges of Pharmacy. The method of choosing recipients is determined by the American Association of Colleges of Pharmacy.

MeadJohnson
LABORATORIES

Research for Life

The Drug House, Inc. Elects New Vice Presidents and Names Two to Board

PHILADELPHIA, PA. — THE DRUG HOUSE, INC. Directors, at the Annual Meeting of the Board, elected George H. Carter to the post of Vice President—Financial Services and W. James Rice, Vice President—Sales.

At the same time, J. Mahlon Buck, Jr., Chairman of the Board of Directors, announced the election of two new outside Board Members: Harry B. French, President of the investment firm of Woodcock, Moyer, Fricke & French, Inc., of Philadelphia, and Philip C. Herr, of Herr and Herr, the legal and accounting firm, also of Philadelphia. This election will fill vacancies caused by the recent death of two officers and directors and the retirement of two others.

Howard E. Smith, Jr., Vice President—Purchasing, is retiring on June 30, 1967, after 41 years of service.

Bernard B. Klebanoff, Vice President—Trade Relations, who joined the company in 1951, is also retiring on June 30, 1967.

Other Officers and Directors of the Philadelphia based wholesaler are:

H. C. Van Arsdale.....President
W. C. Buck Treasurer
A. K. Buck Secretary
R. D. Day, Jr. —

Vice President—Operations

Other executive appointments are:

D. C. Carter —

Manager—Customer Relations

W. H. Gardiner —

Manager—Inventory Control

E. F. Klebanoff —

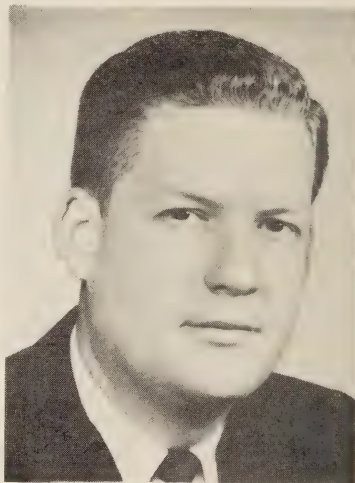
Manager—Special Services

Karl Unger... Manager—Merchandising

THE DRUG HOUSE, INC. which also operates divisions in Trenton, New Jersey, and Wilmington, Delaware, was formerly known as Smith Kline & French, Inc., until its acquisition in 1965 by J. Mahlon, Jr., William C. and Alexander K. Buck from Smith Kline & French Laboratories.

Realignment of numerous other assignments, in anticipation of accelerated growth, has been completed.

Appointed to New Post



DAVID C. CARTER

The Drug House, Inc. has appointed David C. Carter to the new post of Manager of Customer Relations, it was announced by H. C. Van Arsdale, President of the wholesale drug firm which operates divisions in Philadelphia, Trenton and Wilmington.

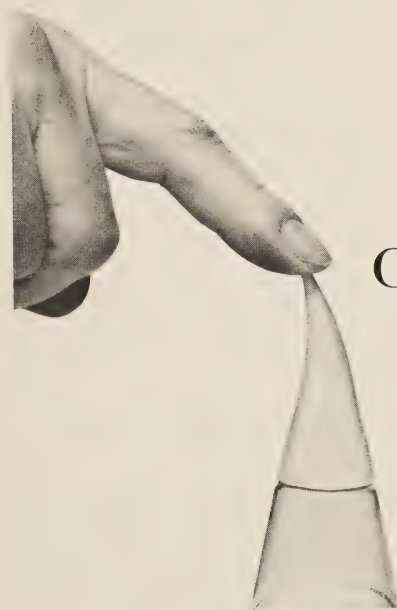
Mr. Carter has represented his company in Delaware and Maryland since 1957 and is widely known to retail pharmacists of the area.

He is currently serving as President of the Travellers Auxiliary of The Delaware Pharmaceutical Society.

A native of Wilmington, he resides at 2017 Kynwyd Road, Wilmington, Delaware, with his wife Louise and two children.

He will operate in all of the trading areas of his company from the Philadelphia Division Headquarters.

Helps fat customers end up thin



Get the point?

Sucaryl[®]
BRAND

Abbott's brand of low and non-caloric sweeteners 

704390

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DRUG, GIFT & COSMETIC SHOW

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Mid-Atlantic Drug, Gift & Cosmetic Show

August 8, 9, 10, 1967

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New Ideas

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Association**

in conjunction with
the Maryland Pharmaceutical Association

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Volkswagen

TV, Radios and Many Other Valuable Prizes

Don't Miss The Greatest "Drug Show" ever offered in Maryland.

**TREASURY DEPARTMENT
BUREAU OF NARCOTICS
Washington, D. C. 20226**

Re: Necessity of having order form prior to delivery of narcotic drugs

It has recently come to our attention that some drug suppliers are making deliveries of narcotics pursuant to telephone orders, and then having their deliveryman pick up the official opium order form (form 2513) upon delivery. The danger in this procedure is that the deliveryman usually is not qualified to judge the validity of the order form or evaluate any abnormal circumstances. Such practice is contrary to the intent and purpose of the law and regulations, and we are requesting those registrants involved to take remedial action immediately.

However, we will interpose no objections in the instance where a druggist hands an order form to a salesman of the wholesale dealer who then calls the order in to his employer where the drugs are then withdrawn from stock and shipped to the customer. The salesman is a responsible member of the seller's merchandising department and is able to determine whether the order form is properly prepared and whether all the information has been properly entered as required by Sections 151, 161-151.164 of Regulations No. 5.

The essence of this situation is that the order form is in the hands of the seller (acting through his agent—the salesman) at the time the narcotics are withdrawn from stock and shipped. The wholesaler is responsible and is held fully accountable for all such dispositions.

Henry L. Giordano
Commissioner of Narcotics

More than 277,000 pedestrians were injured in traffic accidents in 1966. Of this toll, approximately 69,000 were injured while crossing between intersections.

SERVICE • SECURITY • SAVINGS

Loss #SMP 15
A mt. \$261.45

GILMAN PHARMACY INC.
2878 Broadway
New York City

January 18, 1966

American Druggist Ins. Co.
Cincinnati, Ohio
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We received your check to cover our plate glass loss and we wish to thank you for the very prompt way in which you took care of this matter.

Your courteous handling of this matter is indicative of how well American Druggist Ins. Co. takes care of their clients.

Again, our thanks.

GILMAN PHARMACY INC.
Respectfully,
S. Golden

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appreciate the value of insurance
that saves and serves.
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obligation.**



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Maryland State Agents

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Prince Georges-Montgomery County Pharmaceutical Association

ELECTION OF OFFICERS

Paul Bergeron II was elected president of the Prince Georges-Montgomery County Pharmaceutical Association for 1967-68 at its General Membership Meeting Tuesday, March 14, 1967.

Other officers elected are

1st Vice President.....Ervin Koch
 2nd Vice President.....Murray Rubin
 3rd Vice President.....Ryland Packett
 4th Vice President.....James Ritchie
 Secretary Paul Reznick
 Treasurer Rudy Winternitz

EXECUTIVE COMMITTEE:

Mel Sollod, Chairman

3 Year Term—Richard D. Parker,
 Lou Nobel, Martin Hauer

2 Year Term—Les Burnette, Gabe
 Katz, D. J. Vicino

1 Year Term—N. W. Chandler, Joseph
 Shapiro, Allen Berger to
 replace Rudy Winternitz

EX-OFFICIO—Ben Multz, James E.
 Carr, Eugene Kuchevich, Robert
 Bowman

Installation Dinner Dance

Installation of officers took place at the annual dinner dance held at the Hampshire House Motor Inn, Takoma Park, on April 11th.

A presentation of an American flag that has flown over the United States Capital was made by Congressman Hervey G. Machen.

Reservations were in charge of Ervin Koch.

Meeting of May 9, 1967

"Maryland's Pharmacy Legislative Achievements for 1967" was the topic of the May meeting. F. S. Balassone, Secretary, Maryland Board of Pharmacy, and Joseph S. Kaufman, legal counsel of the

Maryland Pharmaceutical Association, were featured speakers.

Also called upon was Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association, who spoke on the role of pharmacists in political and legislative activity.

—O—

A 1968 Pharmaceutical Calendar

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From the Maryland Pharmaceutical Association symbol which will appear in the imprint area with your own name, address and telephone number—to the strictly pharmaceutical professional promotional copy appearing on each pad page, this new Calendar Advertising, offered by your Association, is a new concept in advertising only your own professional services.

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The design and copy features of this Calendar were carefully planned by your Association with Shaw-Barton, one of the leading Calendar Advertising manufacturers, as your own strictly professional Calendar Advertising.

This Calendar, which measures 8 3/8 x 15 3/4", can be used either on a wall or desk. Twelve pictures were carefully selected and are in four colors. The Calendar pad was designed with convenient daily write-in spaces.

Specially selected copy appears on each pad page with reference to your training, professionalism and services. Specially selected copy in the back pro-

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Association and the business and
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vides poison antidote information to customer and community.

In addition, your customer's attention is directed to specially prepared copy-information under the head of "Know Your Personal Pharmacist." This copy is brief pointed information relative to your education and training and the community services and personal professional services YOU provide as a Professional Pharmacist.

Your support of this important professional Calendar Advertising to your customers and new prospects is requested by your Association to the extent of your total 1968 Calendar Advertising requirements.

—O—

NARCOTIC INVENTORY FORM

A Narcotic Inventory Form, in duplicate, developed under the direction of Irvin Kamenetz, Executive Committee member from Baltimore County, was mailed to all pharmacies in Maryland. Comments or suggestions to make the form more useful should be sent to the Association office.

Drivers under 25 years of age continue to compile the worst traffic records of any age group. Young drivers were involved in almost 32 percent of highway deaths last year.



WORTH LOOKING INTO

A summer cold is a different animal.

An ugly animal that hits when least expected.

Tame it! With **CONTAC®**.

This animal is appearing night and day in a slew of network color television shows, in major magazines, and on spot TV and radio.

His victims are your customers.

Offer them relief with pharmacy's most profitable proprietary.

Contac. Be prepared. Build up your Contac displays—
in your cold products section and in a high-traffic location.

Catch extra profits with "different animal" merchandising aids. An ingenious variety available from either your MenJ Representative or your wholesaler salesman.

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George C. Straayer Named Executive Vice President of Federal Wholesale Druggists' Association of USA & Canada, Inc.

George C. Straayer has been named Executive Vice President of the Federal Wholesale Druggists' Association effective July 1, 1967, it was announced by James F. Delibert, Chairman of FWDA's Executive Committee. Mr. Straayer leaves the position of Director of Professional and Industry Relations of NWDA. In making the announcement, Mr. Delibert said that Mr. Straayer was chosen from a select list of executives in the pharmaceutical industry, he himself being a pharmacist as well as a marketing executive. His most recent experience with the nation's largest wholesale drug association further qualifies him for this key position of revitalizing FWDA.

One of the priority projects on Mr. Straayer's list, after he joins the FWDA, will be the planning of a Fall meeting of all Active and Associate Members. Inasmuch as reservations have been relinquished at the Greenbrier for this year, the one or two day meeting will very likely be in New York City.

Before joining the NWDA, Mr. Straayer served as Director of Market Development and Trade Relations for Schering Corporation. Prior to that, he had held successive executive posts in the sales, trade and public relations areas of Schering for over 25 years.

Mr. Straayer, well known to educators as well as pharmacy leaders at state and national level, comes from a family with long tradition in pharmacy in the state of Michigan. He received his Bachelor of Science Degree in Pharmacy at the Ferris State College in 1937 and joined his brother at Straayer Pharmacy in Muskegon, Michigan.

He is a member of the National Association of Retail Druggists, the American Pharmaceutical Association, a charter member of the Academy of Gen-

eral Practice, and the American Society of Hospital Pharmacists. He served as Chairman of the Rutgers Pharmaceutical Conference in 1962.

In addition to his wide memberships in business and professional groups, Mr. Straayer has been active in civic and charitable enterprises. He formerly served as President and Board Chairman of the New Jersey Chapter of the Arthritis and Rheumatism Foundation and was cited by the national organization in 1963 when he was given their Distinguished Service Award. He is past president of the Bloomfield Rotary Foundation and recently concluded his term as President of the Maplewood Civic Association. His club memberships include the Maplewood Country Club and Maple Lodge F & AM, Maplewood, New Jersey.

—O—

Chain Drug Stores now Account For 48.3% of Drug Store Sales

Chain drug stores now account for 48.3% of all retail drug store sales in the United States, and 53.3% of the sales in the fifty largest cities, according to a marketing study of this industry published in the Drug Edition of Chain Store Age.

The survey shows that this 48.3% proportion of the retail drug market rose in ten years from 38.7% in 1957, while the number of chain drug stores rose from 8,400 to 12,950, and the gross sales increased from \$2.33 billion in 1957 to \$4.69 billion in 1966. These were jumps from the 1965 figures of 12,329 stores with sales of \$4.25 billion and a 47.5% share of the total market.

According to the trade periodical's encyclopedic 32-page study, the reasons for this expansion are high powered promotion, careful selection of store mixes (i.e. varieties of merchandise), and a selling efficiency obtained by careful watch on selling costs.

It is because these factors are best applicable to stores in highly populous



Next time the Trojan salesman is in your store, think of him as the Youngs salesman.

He sells up-front products, too. Like Bidette, Atha-Spray, Atha-Powder, Wash-Up and Youngs Nail Polish Remover Pads. And he's been selling them for several years now. Next time the Youngs salesman is in your store, spend a little more time with him. You'll find that no matter how different our products may seem, they all have



three things in common. Like Trojans, they're backed by an established reputation. Like Trojans, they're priced to protect your profits. Like Trojans, they're sold through drug-stores exclusively. That's been a matter of policy with Youngs since we introduced Trojans forty years ago. And our new products prove it.

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Youngs

Youngs Drug Products Corporation, 393 Seventh Avenue, New York, N.Y. 10001.

areas that the chains have become strongest in the largest cities—except in the New York metropolitan area. There chains have only 3.2 of all drug stores and only 12.3% of the market, in contrast to Washington where chains get 83.6% of drug store purchases, 73.9% in El Paso, 58.2% in Los Angeles, 55.8% in Chicago.

Little relationship has been found to exist between the number of chain drug stores in an area and the share the chains have of that area's market. As an

example, in Kansas City chains with 32% of the stores captured 72.7% of the market in 1966.

The largest drug chains in this expanding field are Walgreen with 502 stores, Thrifty Drugs of Los Angeles with 276, People's Drug of Washington with 279, and Cunningham of Detroit with 235. Over the last ten years there has been an increase of 40% in the number of chains and 58% in the number of chain drug stores.

—0—

Support Your Associations

LOCAL, STATE, NATIONAL

"In Unity There Is Strength"



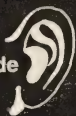
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RAPID TURNOVER ASSURED WITH ESIDRIX® (hydrochlorothiazide CIBA)

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C I B A

273482085 CIBA Pharmaceutical Company, Summit, N.J.

Quality Stabilization Bill Introduced in Congress

A quality stabilization bill will be considered by the 90th Congress as a result of action taken by Senator Eugene J. McCarthy (D. Minn.) and Senator Thruston B. Morton (R. Kentucky). The Senators are co-authors of Quality Stabilization Bill (S. 1460) introduced in this session of Congress.

In addition to the co-authors, the bill is sponsored by Senators Walter F. Mondale (D. Minn.), Birch E. Bayh (D. Indiana), Vance Hartke (D. Ind.), Thomas H. Kuchel (R. California), George McGovern (D. So. Dakota), Gaylord Nelson (D. Wisconsin), Hugh Scott (R. Pennsylvania), Jennings Randolph (D. W. Virginia), William Proxmire (D. Wisconsin), and Milton R. Young (R. North Dakota).

The proposed legislation is described as a bill to amend the Federal Trade Commission Act to promote quality and price stabilization, to define and restrain certain unfair methods of distribution and to confirm, define and equalize the rights of producers and resellers in the distribution of goods identified by distinguishing brands, names or trademarks and for other purposes.

In introducing this bill Senator McCarthy pointed out that similar pieces of legislation had been considered during the past few years and the problems and issues which had caused these earlier considerations still existed today. He emphasized the necessity of protecting the small independent retailer against certain unjust selling practices.

"The National Association of Retail Druggists has long supported this type of legislation," said Willard B. Simmons, NARD Executive Secretary. "We are pleased to join with the large number of associations representing small businessmen all over America in making every attempt to ensure the ultimate passage of this vitally needed amendment to the Federal Trade Commission Act."

OBITUARIES

Albert Freedman

Albert Freedman, 52, Baltimore pharmacist, died April 10th. He was a 1936 graduate of the University of Maryland School of Pharmacy and a member of the Baltimore Metropolitan Pharmaceutical Association.

His survivors include his mother, two children, two grandchildren, two brothers and a sister.

Mr. Freedman was the proprietor of the Hilton Pharmacy for 19 years prior to 1958.

Samuel Novey

Dr. Samuel Novey, 55, graduate of the University of Maryland School of Pharmacy, Ph.G. 1932, and the School of Medicine, 1938, died May 23rd in Baltimore. He is survived by his wife, a sister, and three brothers.

Howard A. Pippig, Jr.

Howard A. Pippig, Jr., 46, a 1947 graduate of the University of Maryland School of Pharmacy, died May 22nd. He served as pharmacist at Anne Arundel General Hospital for the last six years and part-time at Carville's Pharmacy in Annapolis for past five years.

He was a member of the Maryland Pharmaceutical Association.

Mr. Pippig was in the U. S. Army Air Corps during World War II and is survived by his wife, Louise.

Francis H. Schwartz

Francis H. Schwartz, 72, of Ellicott City, graduate of the University of Maryland School of Pharmacy in 1914, died May 22nd. He had been employed by Wagner and Wagner, Baltimore & Eutaw Streets, for 15 years and retired seven years ago. He is survived by his wife, seven sons and 14 grand children.

believe me...

Coming from me, your MSD professional representative, this may sound funny. But look at it this way. The more time I spend in physicians' offices telling them about MSD products, the more prescriptions you'll see in your pharmacy. Sure, I spend most of my time calling on doctors. That's because I have a lot to say about the Merck Sharp & Dohme line of pharmaceuticals. I pass along up-to-the-minute information

about new products developed through MSD research, and I remind physicians about MSD drugs they've known and used successfully (and which you dispense frequently). So, if I can't stop in to see you as often as I'd like, please remember this: I'm out there working in your interest as well as my company's. Of course, if you want to talk to me for any reason, just give me a call at your nearby MSD branch.

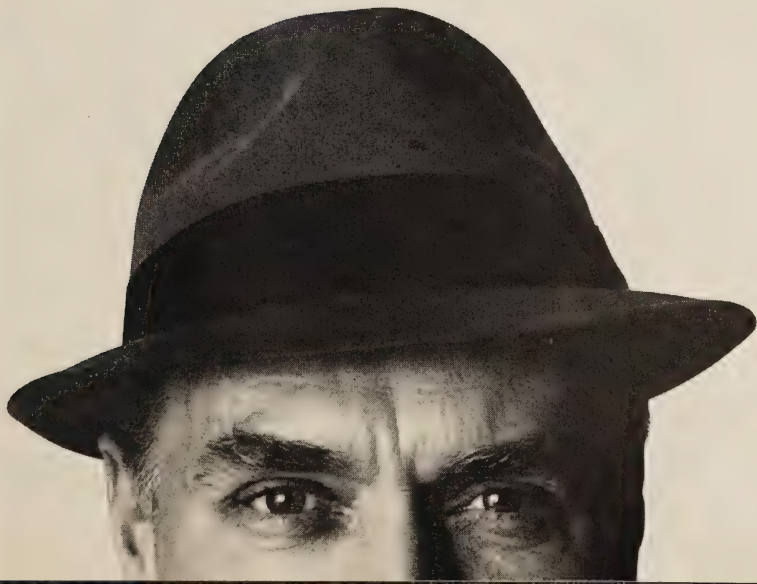


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prestige to the store that
serves them.*

Borden's
ICE CREAM

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The tear-off wrapping provides aseptic dispensing of one or more lozenges which can be conveniently carried in the pocket or handbag. The packaging of THANTIS is right! The profit on THANTIS is good! The time to purchase THANTIS is now!



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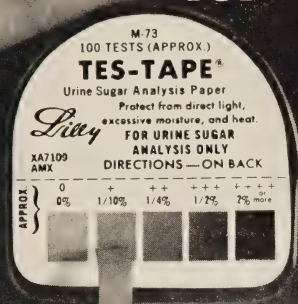
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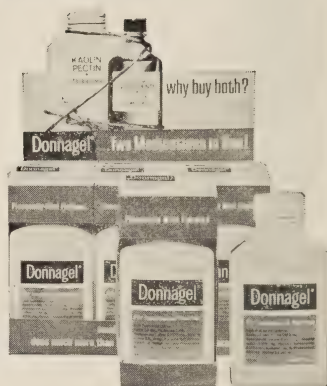
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New Solid-State Robitussin-DM®

Last year you sold almost two million bottles of Robitussin-DM liquid. Now it's portable, too. The name is Cough Calmers.

Cough Calmers are the same as liquid Robitussin-DM except for the fact that your customers can now carry the same dependable formula anywhere they carry a cough. Stock up now. Have Cough Calmers ready to go where the action is during the cough and cold season—school, football and basketball games, the movies. You'll get action on your shelves!



P.S. Both products on deal through November 30—see your Robins representative.

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A-H-ROBINS

The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XLIII

NOVEMBER-DECEMBER

No. 2

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PATRONIZE OUR ADVERTISERS

Editorial

Time for Decision (Time is Running Out)

Has the profession of pharmacy been living on borrowed time? It is apparent that the decisions for the practice of pharmacy for a long time have been too frequently made by those outside the profession. Decisions that affect the pharmacist's profession, his status, and his economic and professional survival have been made by non-pharmacist entrepreneurs, by manufacturers, by other professions and by the government.

Of course, pharmacy is part of the health care complex and it is part of the socio-economic political structure. The question is whether pharmacy is to be carried on with some autonomy or whether forces outside of the profession will dominate and control pharmacy.

Every profession, every group in our society which has acquired significant control over its own destiny or which has been recognized as a force of consequence in our society has achieved that position through a representative organization. In other words, the members of the group have established an association and granted it the support necessary to function on its behalf.

Pharmacy must stand on its own feet. Pharmacists and the allied industry have mutual interests. All who have the same goal must back up the profession of pharmacy.

Anyone with any experience with developments in the governmental health programs has seen the State Medical Assistance Program explode to the tune of almost 2 million prescriptions a year. Pharmacy services are budgeted at \$7.5 millions. Without the leadership of the MPA, pharmacists would not have the representation in the state policy making bodies which have brought pharmacy fees from pennies to the present professional fee.

In the year 1967-68 pharmacists will receive an additional \$720,000 in fees alone due to just the last increase, the third in three years.

On other related fronts the MPA has obtained legislation, especially regarding unprofessional advertising, which has prevented the practices prevalent in some other states.

In the crucial matter of OEO Health Centers in Maryland, the MPA has so far been able to stand up for maintenance of the free practice of pharmacy.

Pharmacy is fortunate in having reached its present status considering the grudging support given it by so many within its ranks and the number who remain outside the fold. Monumental results have been achieved by a handful of dedicated members and a one man staff.

After much debate the Executive Committee has directed that dues for Active Membership be increased for the first time in eleven years. The change will affect only proprietors and managers of pharmacies effective January 1968.

Certainly it must be obvious that just the great increase in the cost of the same services and goods since 1957 require more funds for operation. In addition, the tremendous growth in demand for services from the Association office makes it more

and more difficult for the same personnel to meet the needs of the present and the projections for the months ahead.

With governmental and legislative developments affecting every detail of pharmacy and management, the Maryland Pharmaceutical Association must be geared to devote ever more time, effort and funds to just these phases of Association work.

Already government activities are virtually monopolizing the time of the Executive Secretary.

So this is a time for decision by pharmacy. If we are to be masters of our professional and economic fate, we must have an effective organization—an organization with broad support and adequate funds to provide the tools to back up the dedicated volunteer worker.

Time is running out.

Support Your Associations **LOCAL, STATE, NATIONAL** ***"In Unity There Is Strength"***



SERVICE FOR NEARLY 65 YEARS

BARRE is ever expanding its line in order to bring the pharmacist not only the most modern, up-to-date pharmaceuticals, but also many of those hard to find products.

We bring you a wide range of drugs from Cudbear Tincture to Chloramphenicol capsules, from Tolu Fluid Extract to Theophylline Elixir. You need look no further than BARRE for all your drug needs.

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Phone: 685-4065

JOSEPH COHEN

1906-1967

The passing of Joseph Cohen, who had served pharmacy in Maryland and nationally with distinction, came as a great shock to all who had known him. He died at Johns Hopkins Hospital on November 17 after a long illness.

From January 1953 to November 1961 he had held the positions of Executive Secretary of the Maryland Pharmaceutical Association, Editor of *The Maryland Pharmacist* and Secretary of the Baltimore Metropolitan Pharmaceutical Association.

Mr. Cohen was a native of Baltimore, born on November 1, 1906. He attended Baltimore City College and graduated from the University of Maryland School of Pharmacy, receiving his Ph.G. degree in 1929.

He owned and operated two pharmacies in Baltimore for twelve years. He was employed as Sales Manager of Loewy Drug Company, wholesalers, for several years, until he became a state and local pharmaceutical association executive in 1953.

The Kelly Memorial Building, headquarters for pharmacy in Maryland, was dedicated the same month he took office in the Maryland and Baltimore associations. During his tenure both associations inaugurated a number of projects, such as the Swain Pharmacy Seminar and the BMPA Drug Show.

Mr. Cohen had served on the advisory committee of the State Planning Commission Committee on Medical Care, the Mayor's Committee for Decency, the American Pharmaceutical Association's Committee on Permanent Organization and Careers in Pharmacy Commission, the National Association of Retail Drug-gists Committee on National Legislation, the Committee on Physician's Services of the Baltimore City Health Depart-

ment, and the Committee on Pharmacy Services of the Maryland State Department of Health.

Mr. Cohen was first vice president of the Metropolitan Drug Association Secretaries and third vice president of the National Conference of State Pharmaceutical Association Secretaries.

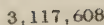
He joined the Washington office of the National Association of Retail Drug-gists in 1961 as Director of Professional Service and associate to Philip Jehle, Washington representative. When Mr. Jehle resigned in 1964, Mr. Cohen assumed the position of Washington representative for NARD.

He served as president of the University of Maryland School of Pharmacy Alumni Association in 1948 and in 1961 received its Honored Alumnus Award. He was a member of St. John's Lodge of Masons and was past president of the Pratt Street Chowder Heads. He was a charter member of the Baltimore Arex Club and a member of the Chizuk Amuno Congregation.

Mr. Cohen is survived by his wife, the former Bessie Katz; a daughter, Mrs. Elaine C. Elkin, of Newark, Del.; a brother, Thomas Cohen, of Valley Stream, N.Y.; two sisters, Mrs. Cecelia Kleinman, of Baltimore, and Mrs. Mollie Kisseleff, of Hyattsville, Md.; and one grandchild.

He worked diligently and energetically on behalf of pharmacy. He was an eloquent spokesman on local, state and national levels in the area of pharmacy legislation.

Joseph Cohen was recognized as an outstanding pharmacist. He will be greatly missed by his many friends and colleagues, not only in Maryland, but throughout the nation.



THE UNITED STATES OF AMERICA

TO ALL TO WHOM SE PRESENTS SHALL COME?

Whereas the [redacted] of [redacted] New York, a corporation [redacted]
of [redacted] New York, a corporation [redacted]

PROSECUTED BY THE UNITED STATES OF AMERICA	IN CRIMINAL CASE NO. 100-100000	FILED IN	CRIMINAL CASE NO. 100-100000
THE GRAND JURY OF THE DISTRICT OF COLUMBIA	CAN ALLEGEDLY	AND USE	IN ORDER
AND A COURT OF APPEALS	WHICH	OF CONTAINED	IN THE TITLE
A COURT OF APPEALS	ANNEXED AND MADE A PART	OF THE	OF WHICH
VARIABLE REQUIREMENTS	LAW IN SUCH A MANNER	MADE	PROVE
			AND

Whereas UPON DUE EXAMINATION MADE BY THE BOARD OF AGRICULTURE
ADJUDGED TO BE JUSTLY ENTITLED TO A PATENT UNDER THE LAWS

NOW THEREFORE THESE Letters Patent shall have full force and effect unto the said

Patents, Progress, Pharmacy—a Triad

Today's drug discovery is not an isolated phenomenon. It grew out of yesterday's dis-

To protect all, the patent system itself needs your protection. You can serve pharmacy and progress, the prescribing physician, your customer, yourself by offering such protection. Choose products protected by patents and made in the U.S.A.; reject those which are in violation of American patents.

President's Message

Dear Fellow Members:

I am especially honored to bring you greetings as your new president at this festive season of the year. I bring you these greetings with a heart overflowing with gratitude for the honor you have bestowed upon me in electing me to the high office of President of the Maryland Pharmaceutical Association.

Last year the officers devoted many hours of labor in order to obtain an adequate professional fee for our membership in the filling of Medical Assistance Program prescriptions. Your officers have recently been engaged in many meetings in Baltimore, Washington and in Houston, to insure that the practicing pharmacist remains a part of the program in the contemplated OEO complex, and that all practicing pharmacists will be in a position to continue to serve their own communities in their needs for prescriptions and drugs. I have insisted that each area within our community has an adequate number of pharmacies to serve the needs of its people. This will require constant vigilance on the part of your president and his officers, and will necessitate greater staff participation and increased costs for legal counsel. Could we afford it, it would be highly advisable to have a qualified full-time member added to our staff to look after these increasing and complex programs to insure the best interests of the pharmacists of our state. In the meantime, it will be necessary to increase our annual membership dues to cover the costs of protecting our interests, and it is essential that we increase our membership in the Association.

The work which our Association is carrying on in behalf of Pharmacy benefits every pharmacist in the state, and every one should share in the cost of this valuable work which brings such rich dividends to us all. Membership dues in the MPA represent a fractional percentage of your cost of operation. The new dues of \$50.00 annually (per store) will represent 5/100 of 1% of the gross volume of a store with an annual gross business of \$100,000. This is a miniscule sum to support the Association which can best represent your interests in city, state and federal programs.

On behalf of the officers, the staff and myself, I want to wish each of you and yours a Happy Holiday Season and a New Year filled with good health and good fortune.

MILTON A. FRIEDMAN
President

fast turnover!

fast profit!

*serve your customers
the best*



America's Favorite. . . Baltimore's Own

AUSTIN'S

5c & 10c Cracker, Cookie and Cake
SNACK VARIETIES

MAKE YOUR RESERVATIONS NOW

52nd Annual

BMPA

DINNER DANCE & INSTALLATION

SUNDAY, JANUARY 21, 1968

Blue Crest North
401 Reisterstown Road
Pikesville

Broadway Entertainment

Many Valuable Surprises

Music By Jimmy Driscoll's Orchestra

5:30 P.M. Cocktails and Hors d'Oeuvres

7:00 P.M. Dinner

Your ticket includes:

Free Valet Parking

Free Checking Service

Free set-ups and bar after dinner

All Gratuities

Dues paid Active and Affiliate Members for 1968 are entitled to a ticket for \$15.00 which covers themselves and one guest. All other tickets: \$15.00 per person.

GEORGE J. STIFFMAN,
Ticket Chairman
LI. 2-7933—SA. 7-6440

BERNARD B. LACHMAN,
Banquet Chairman

BALTIMORE METROPOLITAN
PHARMACEUTICAL ASSOCIATION

650 West Lombard Street
Baltimore, Maryland 21201

Secretary's Script . . .

A Message from the Executive Secretary

Pharmacy Muscle for 1968

The editorial in this issue points out the necessity for the first dues increase for active membership since 1957.

In addition to the pressure of ever-rising costs over the past eleven years and continuing on today, the Association's expanded activities have required the use of reserves during the past year. Naturally this cannot continue without increased revenue.

It is also essential that the MPA improve its communications. Other priorities of a critical nature in the fields of legislation and governmental health programs have pre-empted the proper attention to the journal and other media.

The Association officers and Executive Committee, after intensive deliberation, have decided that only a realistic dues structure will meet the needs and demands of the members for Association programs and action.

The dues structure effective January 1, 1968 will be:

Active and Affiliate Dues

Proprietors and managers of pharmacies	\$50.00*
Pharmacists and Affiliates (other than above)	\$25.00
First year registrants, graduate students and retired	\$10.00

*NOTE: In case of partners or a corporation, this fee applies to only one person.

Active Membership is limited to licensed pharmacists. Affiliate Membership is available to non-pharmacists who

are proprietors, executives and managers.

Associate (non-pharmacist) Dues will remain at \$10.00.

All in pharmacy who have a mature awareness of the problems of today and the need for strong, united action will recognize that this step is unavoidable if Maryland pharmacy is to have muscle for 1968.

Prescription Prepayment Programs

The Maryland Pharmaceutical Association, together with organized pharmacy in Delaware, District of Columbia, New Jersey and the Philadelphia area, has fostered the establishment of the Eastern Pharmaceutical Service Corporation. The main purpose of "Eastern" is to provide the pharmacists of the region with a *pharmacist-managed* prescription prepayment program.

"Eastern" has decided to develop an arrangement with the "Paid Prescriptions" of California organization.

Mailings will keep you informed of developments in this vital matter as there are now a number of *non-pharmacist-managed* plans being offered in some states.

In the near future we expect to mail enrollment forms to all pharmacies in Maryland. It is expected that a substantial number of persons will be covered by some form of prescription pre-payment plan. When you receive details and forms, give this matter serious consideration. Your participation in the "Eastern" plan is mandatory if a phar-

maciist-managed program is to become part of pharmacy practice in Maryland.

OEO Comprehensive Neighborhood Health Centers

Through vigorous action by MPA and BMPPA, the plan to establish a pharmacy for dispensing prescriptions in the OEO Provident Comprehensive Neighborhood Health Center in Baltimore has been suspended.

Provident officials have offered a "compromise" plan whereby after 6 months operation of an "on-site" pharmacy, a joint MPA-Provident Center Pharmacy Committee would evaluate pharmacy services provided to center patients.

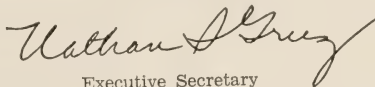
MPA has urged that such an evaluation be made after 6 months without an "on-site" pharmacy.

As of the present Provident has withdrawn its request for the center from the Baltimore City Council because of our strong opposition and so that its proposals can be reviewed by OEO in Washington.

In the meantime, all pharmacists should intensify their customary efforts to assure that *all* their patrons receive pharmaceutical services of the highest professional standards. Individual, personal consideration of each patron should always be uniformly provided.

With all best wishes for an everlasting Season of Peace and a Happy and prosperous New Year.

Sincerely,



Executive Secretary

We Are Now

Rossmann, Hurt, Hoffman, Inc.

(Formerly—Greene & Abrahams, Co., Inc.)

22 West Pennsylvania Avenue, Towson, Maryland 21204

823-1080

Your Association Group Health Insurance Broker

Maryland Board of Pharmacy

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F. S. BALASSONE, B.S.

Secretary

301 WEST PRESTON STREET

BALTIMORE, MARYLAND 21201

Pharmacy Changes

The following are pharmacy changes which occurred during the month of September, 1967:

New

Consumers Pharmacy #75, Benjamin Rosenzweig, Pres., 9401 Indian Head Highway, Oxon Hill, Maryland 20021.

Drug Fair #102, Milton L. Elsberg, Pres., Carroll Plaza Shopping Center, Westminster, Maryland 21157.

Drug Fair #109, Milton L. Elsberg, Pres., 10134 River Road, Potomac, Maryland 20854.

Sav-on Pharmacy, #2, Walter Y. Goodwich, Pres., 1300 W. Lafayette Avenue, Baltimore, Maryland 21217.

White's Drugs, Kermit D. White, Prop., 4022 Edmondson Avenue, Baltimore, Maryland 21229.

Change of Ownership, Address, Etc.

Bell Drug Company, John J. Ayd, Pres., 6651 Belair Road, Baltimore, Maryland 21206. (Formerly, Bessye G. Drukman, Admin. to Estate).

Hampden Pharmacy, Herman Glassband, Pres., 3701 Falls Road, Baltimore, Maryland 21211. (Change of name of Pharmacy and change from individual ownership to a corporation—formerly, Markley's Pharmacy).

Richman's Pharmacy, Inc., Jacob L. Richman, Pres., 1515 Bloomingdale Road, Baltimore, Maryland 21216.

(Change from individual ownership to a corporation).

No Longer Operating As Pharmacies

Cub Hill Pharmacy, James J. Mallonee, Jr., Pres., 9944 Harford Road, Baltimore, Maryland 21234.

Homestead Pharmacy, Nathan Popluder, Prop., 2610 Harford Road, Baltimore, Maryland 21218.

Morris and Fifer, Paul J. Archambault, Prop., 3109 St. Paul Street, Baltimore, Maryland 21218.

Sun Ray Drug, William Sylk, Pres., 5820-28 Hillen Road, Baltimore, Maryland 21212.

* * *

The following are pharmacy changes which occurred during the month of October, 1967:

No Longer Operating As A Pharmacy

Milio Pharmacy, Frank R. Milio, Prop., 2620 E. Monument Street, Baltimore, Maryland 21205.

Change of Ownership, Address, Etc.

University Parkway Pharmacy, Paul G. Gaver, Pres., 100 W. University Pkwy., Baltimore, Maryland 21210. (Change from individual ownership to a corporation.)

* * *

The following are pharmacy changes which occurred during the month of November, 1967:

New Pharmacies

Peoples Service Drug Stores, Inc. #265, G. B. Burrus, Pres., 3737 Branch Avenue, Hillcrest Heights, Maryland.

Pine View Gardens Pharmacy, (Nursing Home), Alfred R. Lapin, Pres., 7401 Stuart Lane, Clinton, Maryland.

The Read Drug & Chemical Company, Arthur K. Solomon, Pres., 5820 Hillen Road, Baltimore, Maryland 21212.

Southgate Professional Pharmacy, Robert Rosenberg, Pres., 325 Hospital Drive, Glen Burnie, Maryland.

No Longer Operating As Pharmacies

Read Drug & Chemical Company, Arthur K. Solomon, Pres., 900 W. North Avenue, Baltimore, Maryland 21217.

Superior Drug Company, E. A. Corn-

ADD
TO YOUR CIGAR DEPARTMENT
AND SCORE A HIT . . .

America's Favorite Cigars

EL PRODUCTO

KING EDWARD

MURIEL

IGNACIO HAYA GOLD LABEL

KEEP THESE FINE CIGARS IN YOUR LINE-UP

Daniel Loughran Company, Inc.

DISTRIBUTORS

Baltimore and Washington

blatt & D. D. Weinstein, Props., 2700 Washington Boulevard, Baltimore, Maryland 21230.

Change of Ownership, Address, Etc.

Peoples Service Drug Stores, Inc., #118, G. B. Burrus, Pres., Riverdale Plaza, 5707 Riverdale Road, Riverdale, Maryland. (Formerly located at 5552 Kenilworth Avenue, Riverdale, Md.)

Rosedale Medical Center Pharmacy, Walter C. Zajac, Pres., 8019 Philadelphia Road, Baltimore, Maryland 21206. (Formerly, Rosedale Pharmacy, Inc., Mario Sama, Prop.)

BOARD OF PHARMACY

Because of its importance to the profession in Maryland, the following letter is brought to the attention of all concerned:

Dear Pharmacist:

There seems to be some misunderstanding relative to the law on advertising. The law sought to remedy certain practices relative to advertising which were objectionable, deceitful, and inaccurate. The legislature, in its good wisdom, incorporated a prohibition of objectionable advertising in a legal code of ethics as part of the grounds for suspension and revocation of pharmacists' licenses.

I shall quote in part the pertinent portion of Section 266A, Article 43 of the Annotated Code of Maryland:

(a) The Board of Pharmacy is hereby granted power and authority either to reprimand a pharmacist or assistant pharmacist or to suspend or revoke his license for any reason as herein-after set forth by a unanimous vote of the members of the Board, after a hearing upon not less than twenty (20) days written notice to such pharmacist or assistant pharmacist.

(c) The Board's power either to reprimand a pharmacist or assistant pharmacist or to suspend or revoke his license shall be for any of the following causes:

(4) Upon proof satisfactory to the

Board of Pharmacy that a pharmacist or assistant pharmacist is guilty of grossly unprofessional conduct. The following acts on the part of the pharmacist or assistant pharmacist are hereby declared to constitute unprofessional conduct.

(iv) The advertising to the public by any means, in any form or through any media, the prices for prescriptions, dangerous or nonproprietary drugs or prescriptions whether specifically or as a percentile of prevailing prices, or by the use of the terms "cut rate", "discount", "bargain" or terms of similar connotation.

(v) The advertising or claiming to the public of professional superiority in the compounding or filling of prescriptions or in any manner implying professional superiority which may undermine public confidence in the ability, character and integrity of other pharmacists.

It should be made clear to pharmacists that the advertising to the public by any means, in any form, or through any media, the prices of prescriptions and claiming professional superiority are prohibited by law. This would include advertising on automotive vehicles such as automobiles, delivery trucks and vans, bill boards, streamers and signs on and in premises, window signs, letters to physicians and to the public, telephone books and directories, newspapers, journals, etc.

It behooves pharmacists to acquaint themselves fully with the law and to comply fully in order to avoid action against their licenses.

Very truly yours,

F. S. Balassone, Secretary

Maryland Board of Pharmacy

NOTE:

The law indicates that a pharmacist associated with a pharmacy may be held responsible for any acts or practices of the pharmacy or its management which is in violation of the pharmacy laws.

SEASON'S GREETINGS

AND

BEST WISHES

FOR THE NEW YEAR



CALVERT DRUG COMPANY INC.

901 CURTAIN AVE.

BALTIMORE, MD. 21218

National Pharmacy Week

In Maryland, National Pharmacy Week was observed October 1-7, with extensive newspaper, radio and television publicity. The theme was again "This week and every week your pharmacist works for better community health".

Information was mailed to every newspaper, radio and television station in Maryland and Washington, D.C. As indicated by clippings received, many newspapers publicized pharmacy. Advertisements were placed in the Baltimore Evening Sun and News American.

The information to radio and TV stations consisted of 10, 20 and 30 second spot announcements and also a fact sheet on pharmacy. Newspapers were mailed a news article, a suggested editorial and a fact sheet. The A.Ph.A. Public Relations Kit was used as the basis.

The weekly MPA radio program, under the direction of Public Relations Committee Chairman Charles E. Spigelmire, was devoted to the observance of National Pharmacy Week. Proclamations were issued by Governor Agnew, Mayor McKeldin of Baltimore and Mayor Wilcos of Elkton.

Window streamers and bumper streamers, stating "Health Questions?—Ask Your Pharmacist", were mailed to members. The window streamer was designed to be used also for Community Health Week October 15-21.

Included in the mailing to all pharmacies was the following message, which referred to the program outlined above:

"This is an indication of the Public Relations on your behalf by your associations. Even more important is what each pharmacist does . . . What can you



Window Installed by Andrew J. Coakley, Peoples Service Drug Store #73, 7300 Washington-Baltimore Blvd., College Park, Md.—National Pharmacy Week October 1-7, 1967



Courtesy Paramount Photo Service.

MPA President Milton A. Friedman (left) received proclamation for National Pharmacy Week in Maryland from Governor Spiro T. Agnew (second from left) as Pharmacy Week Chairman and Vice President Stephen J. Provenza presented replica of antique apothecary jar to Governor. MPA Executive Secretary Nathan I. Gruz is at right.



Courtesy Paramount Photo Service.

Mayor Theodore R. McKeldin of Baltimore signed proclamation for National Pharmacy Week in the city as Baltimore Metropolitan Pharmaceutical Association. Vice President Anthony G. Padussis presented replica of antique apothecary jar. BMPA Executive Secretary Nathan I. Gruz witnessed ceremony.

do? Greater attention to the following may be called for:

1. *Outside appearance of your pharmacy.* Do the signs and decals enhance your status as a health professional? Are your identification signs the same as that used by confectioneries, groceries, patent medicine stores, etc? Can your patrons readily see that your establishment is a pharmacy, a place different from all the others in the area? Is your exterior attractive and inviting?
2. *Inside Appearance.* Is the major impact on those who enter your pharmacy unquestionably that the patrons are in a pharmacy? Does the appearance, fixtures and layout demonstrate that your first and major concern is pharmacy service of the highest standards for the public?
3. *Professional Service.* Is every effort being made to be well informed on advances in pharmacy, allied health sciences and new drugs? Have you installed a health information rack in your pharmacy? The MPA has racks and pamphlets available. Is every reasonable step being taken to

provide prompt, professional pharmaceutical service to all your pharmacy's patrons whether a regular patron or a medical assistance program patron?"

Headquarters for

**HOOVEN LETTERS
ROBOTYPED LETTERS
LYKA TYPED LETTERS
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PRINTING
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Mulberry 5-3232, 33, 34

D. Stuart Webb
ADVERTISING SERVICES, INC.

**306 N. GAY STREET
Baltimore 2, Maryland**



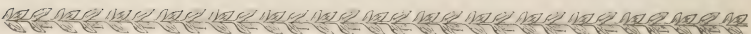
Seasons Greeting

and

Best Wishes For A Happy New Year

FROM THE OFFICERS OF THE
MARYLAND PHARMACEUTICAL ASSOCIATION

TAMPA and LAMPA



Loewy Gives You a Lift!



Loewy
DRUG CO., INC.

1100 N. CHESTER STREET
Dickens 2-7875

What kind of return do pharmacists



Goods policy would write?

A practical one!

At Roche, we know that it takes a pharmacist to know what other pharmacists need. That's why there are over 21 pharmacists in management positions throughout Roche — marketing, sales management, sales service, to mention a few.

When the job of updating our return-goods policy came along, they put their heads together with community pharmacists and came up with the most logical one in the industry.

Easy for you, and therefore easy for us.

Here are the key points:

1. Full credit for all outdated or discontinued Roche items in unopened containers; pro-rated credit for opened containers.

2. Full credit for any unopened Roche item in the current line and catalog.

3. Full credit for shopworn, deteriorated or otherwise unsaleable Roche merchandise in complete containers; pro-rated credit for incomplete containers.

These credits are available through your wholesaler for Roche items purchased from him.

For further information contact your Roche representative, your wholesaler or write to us.

That's it—straightforward, covers everything, and it's fair.

It's really what you'd expect, because when policy decisions are made at Roche, pharmacists are there.

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110



Maryland Health Fair

NOVEMBER 11-19

Pharmacy in Maryland was well represented at the first "Maryland Health Fair" November 11-19 at the Baltimore Civic Center. The fair, under the auspices of CICHA (Commerce and Industry Combined Health Appeal) was supported by many medical and professional groups, health agencies, public service agencies and institutional and commercial organizations.

A double space, twenty feet in width, was sponsored by the Maryland Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association, Alumni Association of the University of Maryland School of Pharmacy and the School of Pharmacy.

Dr. Benjamin F. Allen, Associate Professor of Pharmacy and Chairman of the Careers in Pharmacy Committee of the Alumni Association, coordinated the joint efforts along with MPA and BMPA Public Relations Chairman Charles E. Spigelmire. Participating in manning the booth at the fair, which was open nine days from 10 A.M. to 9 P.M., were members of the faculty, graduate and undergraduate students and community pharmacists.

The theme was "Careers in Pharmacy" and in the booth display were many pamphlets on opportunities in pharmacy. In addition, there was a "Health Information" display rack featuring



Courtesy Paramount Photo Service.

Left to right: MPA President Milton A. Friedman, Public Relations Chairman Charles E. Spigelmire and "Careers in Pharmacy" Chairman Dr. Benjamin F. Allen. Seated: Dr. Casimir T. Ichniowski, President Alumni Association, University of Maryland School of Pharmacy.



BIGGEST SELECTION = BIGGEST PROFITS

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Carbonated Beverage Co., Inc.
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your patronage!!!

The **HOWARD DRUG**
& Medicine Company

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SERVICE
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**752-
6290**

Our 73rd year of one-family ownership!

Tell them you saw it in "The Maryland Pharmacist"

many brochures on diseases and information about drugs.

Several hundred thousand people, including bus loads of school children, visited the Fair, one of the largest and most comprehensive health programs in the United States. It involved hospitals, federal, state and local health agencies, voluntary agencies, schools and industry.

MPA Executive Secretary Nathan I. Gruz served on the Maryland Health Fair Board of Directors and as Chairman of the Finance Committee.

Noxell Names J. Edward Fry as Product Manager

William D. Hunt, Senior Vice President of Noxell Corporation, Baltimore, Maryland, has announced the appointment of J. Edward Fry as New Products

Manager, a newly created position in the company.

The move is a logical evolution of Noxell's ever-increasing emphasis on new products, according to Mr. Hunt. "With a single department to coordinate widespread research and development activities for all brands, this vital phase of our overall marketing program will be further strengthened," he stated.

Mr. Fry has been with Noxell Corporation since 1959, and is a native of Wichita, Kansas. Prior to his new appointment he was Brand Manager for a number of Noxell products.

Noxell Corporation, with its famous Noxzema and Cover Girl lines is the world's leading manufacturer of medicated skin care products.

Drug Abuse Act

The FDA announced that effective November 22 the following drugs have been added to the list of drugs subject to the Federal Drug Abuse Control Act (DACA):

Bufetina and its salts, DET and its salts and Ibogaine and its salts.

New Med-Chi Policy

The Medical and Chirurgical Faculty of Maryland informed the Association of the following:

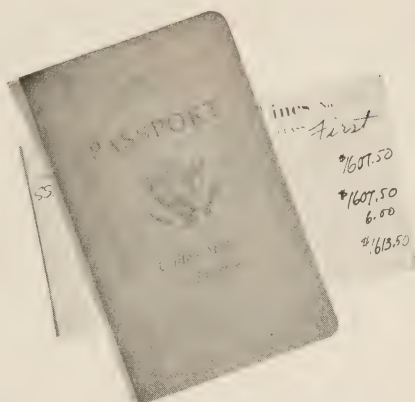
"The Council of the Medical and Chirurgical Faculty at its September 7 meeting voted to adopt the following recommendation:

'Approval of the policy that prescription blanks printed for physicians after January 1, 1968, *not* contain *printed* information indicating refills.'

It is our understanding that all of your members will be informed of this action; and that action on our part will be taken to inform Faculty members."



J. EDWARD FRY



For the man who won't accept less



The man who insists on going first class insists on XXXX (FOUREX)[®] Skin Prophylactics, with the distinctive "luxury" feel unmatched by any others. Now available in full supply, you can offer all your "luxury" customers the ultimate in quality—XXXX (FOUREX) Skins. Ask them, "Do you know about skins?"

- ☐ Unique, distinctive packaging—
individual, easy-to-open capsules,
an exclusive feature for greater convenience

Supported by consumer promotion through physicians.

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"Score" Aids Small Business

Contrary to popular impression, the Small Business Administration has a Congressional mission which extends far beyond the making of loans—the Agency has sought to develop an appreciation for the small businessman's aspirations as well as his problems.

In addition to providing information in connection with its loan program and selling to—and buying from—the Government, the SBA also provides information and assistance to small businessmen to help them do a better job of starting or managing a small business.

Many don't understand that the name of the game is not making loans, but the name of the game is helping people become successful businessmen.

Every year, on the national scale, there are about 440,000 new business starts and about 400,000 discontinuances of small operations. In addition to the cold economic toll, these losses represent disappointment, unhappiness, and broken dreams to the people who tried and failed. Many business casualties could have been avoided if the owners of these businesses had been offered and had accepted timely management advice. It has been established that the vast majority of small business failures are the result of poor management or uninformed management rather than from small size or abusive competition.

An important highlight of SBA's services is designated as SCORE (Service Corps of Retired Executives). What is SCORE? Basically, it is a concept of human relations—a feeling of compassion for the other fellow—the little guy who needs your help.

SBA's new Administrator, Bernard L. Boutin, recently stated, "The philosophy of SCORE has much appeal to me. Its strong humanistic basis provides a model for other programs in effectively reaching small business."

SCORE is a relatively new activity which the SBA has developed and put into effect with the remarkable cooperation of a nation-wide group of partially or fully retired individuals with strong management or specialized professional backgrounds.

Early retirement has made many more useful years available to retired successful and responsible executives of large and small concerns in business and industry. The hustle and drive that bring men to the top of the business world doesn't die because the man retires. The SBA has found that many of these active men put on the shelf in their business prime wanted to feel useful again and don't like the feeling that their skills and experience had suddenly ceased to have value.

Under this program, SCORE volunteer counselors make their knowledge and experience available without cost to small concerns looking for methods of strengthening their management, or to new or troubled small businesses seeking guidance through the basics and, on occasion, some of the complexities of present-day business existence. Their mission is to provide effective, sympathetic management counsel to these small firms which cannot presently afford to engage a consultant on a fee basis.

There are no rigid requirements that the SCORE volunteer be partially or fully retired; merely that he have a background suiting him to specialized or general business counseling and that he have at least a modest amount of time to devote to this activity. The talent, incidentally, need not be taken on faith alone. Every retired executive who makes his services available to the SCORE program has a record of managerial experience which is verified before he takes on his first assignment.

Since its inception about a year and a half ago, SCORE has applied its reservoir of talent and experience toward helping more than 15,000 small firms

improve their management techniques or overcome present difficulties.

The SCORE Program is fully operational in Baltimore under the aegis of a self-administered unit known as the SCORE Volunteers of America, Chapter No. 3, Baltimore Metropolitan area under the chairmanship of Mr. C. J. Lacy. The SCORE volunteers have consistently found good fellowship among their membership and genuine satisfaction in their service to local firms and the local and national economies.

Meredith R. Hoffmaster, SBA Regional Director, is calling for additional SCORE volunteers and he urges retired executives and managers of small businesses in Maryland to join in this significant program. If your executive skills are lying fallow and you would like to put them at the disposal of SCORE, Mr. Hoffmaster will welcome your inquiries to the Small Business Administration, Baltimore, Regional Office, Federal Office Building, Charles Center, Baltimore, Maryland 21201.

Maryland Pharmacists Win NARD-Lederle Award

Melvin J. Sollod, member of the Maryland Pharmaceutical Association Executive Committee, and Gerald Y. Dechter, partners in the Adelphia Terrace Pharmacy in Adelphia, received honorable mention as runners-up in the NARD-Lederle contest.

The two pharmacists, both past presidents of the Prince Georges-Montgomery County Pharmaceutical Association were nominated by the Maryland Pharmaceutical Association for their work in developing a directory of physicians in their area who signified that their office assistants were authorized to transmit prescription refill instructions. The project is conducted by the bi-county group and has received the cooperation of physicians in the area.

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Remington Medal Awarded to Dr. Apple

The Remington Medal, awarded to many of pharmacy's outstanding leaders, was presented to Dr. William S. Apple, Executive Director of the American Pharmaceutical Association in New York on November 29.

In his acceptance speech he emphasized the theme of professional integrity and in favor of manufacturers-brand names rather than product brands. He stressed that pharmacists must determine for themselves the value of their professional services. Dr. Apple pointed to the leadership role he served in explaining the fee basis for reimbursement of pharmacists for professional services and that prescription drugs are not ordinary consumer goods.

The Remington Medal was established by the New York Branch of the American Pharmaceutical Association. Dr. Apple was the 42nd recipient. He was cited by the awards committee for "brilliant achievements" and "because the last eight years under his leadership have been the most productive and professionally successful in the association for several decades".

Among those attending from Maryland were Victor H. Morgenroth, Jr., 1st Vice President elect of the A.Ph.A.; Dr. Noel E. Foss, Dean, University of Maryland School of Pharmacy; F. S. Baiasone, Secretary of the Maryland Board of Pharmacy; Dr. L. M. Kantner, retired Secretary of the Board of Pharmacy; Harold M. Goldfeder, Morton J. Schnaper, members of MPA Executive Committee and Nathan I. Gruz, Executive Secretary MPA and BMA.

NWDA Cites H. C. Van Arsdale

H. C. Van Arsdale, The Drug House Inc., wholesale druggists of Philadelphia,

Trenton and Wilmington, was awarded the T. P. Barry, Jr. Memorial Bowl by the National Wholesale Druggists' Association, at their Annual Convention in November at the Fontainebleau Hotel, Miami Beach, Florida.

The Award, named in honor of an executive of The Gillette Safety Razor Co., was presented for "dedicated service to the wholesale drug industry and un-failing good sportsmanship" to Mr. Van Arsdale, who is a past president and member of the Senior Council of the National Wholesale Druggists' Association. He also has served as President and is a member of the Senior Council of the Philadelphia Drug Exchange.



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Volume 26

NOVEMBER-DECEMBER

No. 2

October Meeting

The October 7th meeting of TAMPA featured Captain Charles C. Cornell of the Arson Squad of the Baltimore City Fire Department.

This meeting, held at the Brentwood Inn in Dundalk, proved to be a most interesting and informative program.

November — Ladies Day

On November 2nd the Annual Ladies Day was held at the Oregon Ridge Dinner Theatre in Cockeysville. Again the affair was a complete sell out.

The evening was inaugurated with a reception at 6:00, followed by a buffet supper.

A delightful play entitled "It's Never Too Late" was featured.

Gifts for the ladies topped a most enjoyable evening.

Abrian Bloom, Larry Rorapough, Ken Mills and Frank Watkins were in charge of tickets.

District Wholesale Drug Acquires Subsidiary Firm

District Wholesale Drug Corp. has purchased the Fetterman Hardware

Company of Washington, D.C. established since 1925. The name of the company will be changed to Fetterman Company Inc. and Bernhard Erdman, who has been connected with the firm since 1953, has been elected Vice President and General Manager. The Fetterman Company recently opened a new warehouse in the Ardmore-Ardwick Industrial Center in Prince Georges County, Maryland. The company distributes a complete line of housewares, hardware, garden supplies and tools to retail outlets and builders. Mr. Estrin stated that the acquisition of Fetterman was part of a program of diversification on the part of District Wholesale Drug Corp.

Other subsidiaries include Loewy Drug Company of Baltimore, Convalescent Aid Distributors of Baltimore and Washington and District Hospital Supply Co. of Washington, D.C.

District Wholesale Drug Corp. at present is the exclusive distributor in the District of Columbia, State of Maryland and Northern Virginia of Barton's Candy.



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Model State Drug Abuse Control Act

The Maryland State Department of Health announced it will request the introduction of the Model State Drug Abuse Control Act patterned after the federal act.

Be it enacted by the General Assembly of the State of Maryland, That this Act may be cited as the State Drug Abuse Control Act.

Findings and Declaration of Policy and Purpose—The General Assembly of the State of Maryland hereby finds that it is essential to the public health and safety to regulate and control the manufacture, distribution, delivery and possession of depressant and stimulant drugs, and other drugs which have a potential for abuse because of their depressant or stimulant effect on the central nervous system or because of their hallucinogenic effect, as defined in this Act.

It is, therefore, hereby declared to be the policy and intent of the General Assembly and the purpose of this Act to regulate and control such manufacture, distribution, delivery, and possession, and in particular, but without limitation of such purpose, to afford the public the therapeutic benefits of such drugs under medical supervision; to complement and supplement the laws and regulations of the Congress of the United States and the appropriate agencies of the Federal Government affecting such manufacture, distribution, and delivery; to prevent such manufacture, distribution and delivery for harmful or illegitimate purposes; and to place upon manufacturers, wholesalers, licensed compounders of prescriptions, and persons prescribing such drugs, a basic responsibility for preventing the improper distribution of such drugs to the extent that such drugs are produced, handled, sold, or prescribed by them.

The General Assembly further finds and declares that there is a substantial traffic in counterfeit drugs simulating the brand or other identifying mark or device of the manufacturer of the genuine article; that such traffic poses a

serious hazard to the health of innocent consumers of such drugs because of the lack of proper qualifications, facilities, and manufacturing controls on the part of the counterfeiter, whose operations are clandestine; and that these factors require enactment of additional controls with respect to such drugs.

Section 1. For the purpose of this Act—

(a) The term "Department" means the State Department of Health.

(b) The term "person" includes individual, partnership, corporation, and association.

(c) (1) The term "drug" means (A) articles recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement of any of them; and (B) articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals; and (C) articles (other than food) intended to affect the structure or any function of the body of man or other animals; and (D) articles intended for use as a component of any article specified in clause (A), (B), (C); but does not include devices or their components, parts, or accessories.

(2) The term "counterfeit drug" means a drug which, or the container or labeling of which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, or device, or any likeness thereof, of a drug manufacturer, processor, packer, or distributor other than the person or persons who in fact manufactured, processed, packed, or distributed such drug and which thereby falsely purports, or is represented to be the product of, or to have been packed or distributed by, such other drug manufacturer, processor, packer, or distributor.

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(d) The term "depressant or stimulant drug" means:

(1) Any drug which contains any quantity of (A) barbituric acid or any of the salts of barbituric acid; or (B) any derivation of barbituric acid which has been designated under § 502 (d) of the Federal Act as habit-forming;

(2) Any drug which contains any quantity of (A) amphetamine or any of its optical isomers; (B) any salt of amphetamine or any salt of an optical isomer of amphetamine; or (C) any substance designated by regulations promulgated under the Federal Act as habit-forming because of its stimulant effect on the central nervous system; or

(3) Any drug which contains any quantity of a substance designated by regulations promulgated under the Federal Act as having a potential for abuse because of its depressant or stimulant effect on the central nervous system or its hallucinogenic effect.

(e) The term "manufacture, compound or process" shall include re-packaging or otherwise changing the container, wrapper, or labeling of any drug package in the furtherance of the distribution of the drug from the original place of manufacture to the person who makes final delivery or sale to the ultimate consumer, and the term "manufacturers, compounders, and processors" shall be deemed to refer to persons engaged in such defined activities.

(f) The term "practitioner" means a physician, dentist, veterinarian, or other person licensed in this state to prescribe or administer drugs which are subject to this Act.

(g) The term Federal Act designates the Federal Food, Drug, and Cosmetic Act 52 Stat 1040 (1938) and all amendments, 21 U.S.C. section 301-392.

Section 2. The following acts and the causing thereof are hereby prohibited:

(a) The manufacture, compounding, or processing of a drug in violation of section 7(a).

(b) The sale, delivery, or other disposition of a drug in violation of section 7(b).

(c) The possession of a drug in violation of section 7(c).

(d) Obtaining a drug in violation of section 7(d).

(e) The failure to prepare or obtain, or the failure to keep, a complete and accurate record with respect to any drug as required by section 7(e).

(f) The refusal to permit access to or copying of any record as required by section 7(e).

(g) The refusal to permit entry or inspection as authorized by section 7(e).

(h) The filling or refilling of any prescription in violation of section 7(f).

(i) Making, selling, disposing of, or keeping in possession, control, or custody, or concealing any punch, die, plate, stone, or other thing designed to print, imprint, or reproduce the trademark, trade name, or other identifying mark, imprint, or device of another or any likeness of any of the foregoing upon any drug or container or labeling thereof so as to render such drug a counterfeit drug.

(j) The doing of any act which causes a drug to be a counterfeit drug, or the sale or dispensing, or the holding for sale or dispensing, of a counterfeit drug.

Section 3. In addition to the remedies hereinafter provided the Department is hereby authorized to apply to appropriate court for, and such court shall have jurisdiction upon hearing and for cause shown, to grant a temporary or permanent injunction restraining any person from violating any provision of Section 2; irrespective of whether or not there exists an adequate remedy at law.

Section 4.

(a) Any person who violates any of the provisions of Section 2 shall be guilty of a felony and shall on conviction thereof be subject to imprisonment for not less than 2 nor more than 5 years or a fine of not more than \$1,000 or both such imprisonment and fine;

but if the violation is committed after a conviction of such person under this section has become final, such person shall be subject to imprisonment for not less than 5 years or a fine of not more than \$2,000 or both such imprisonment and fine; provided, however, that any person who, having attained his 18th birthday, violates section 2(b) by selling, delivering, or otherwise disposing of any depressant or stimulant drug to a person who has not attained his 21st birthday shall, if there be no previous conviction of such person under this section which has become final, be subject to imprisonment for not more than 5 years, or a fine of not more than \$2,000 or both such imprisonment and fine, and for the second or any subsequent conviction for such a violation shall be subject to imprisonment for not more than 10 years, or a fine of not more than \$10,000 or both such imprisonment and fine.

(b) No person shall be subject to the penalties of subsection (a) of this section, for having violated sections 2 (i) and (j) if such person acted in good faith and had no reason to believe that use of the punch, die, plate, stone, or other thing involved would result in a drug being a counterfeit drug or for having violated section 2(j) if the person doing the act or causing it to be done acted in good faith and had no reason to believe that the drug was a counterfeit drug.

Section 5.

(a) The following may be seized without warrant by a duly authorized agent of the Department whenever he has reasonable grounds to believe they are:

(1) a depressant or stimulant drug with respect to which a prohibited Act within the meaning of section 2 has occurred (2) a drug that is a counterfeit, (3) a container of such depressant or stimulant drug or of a counterfeit drug, (4) equipment used in manufacturing, compounding, or processing a depressant or stimulant drug with respect to

which drug a prohibited act within the meaning of section 2 has occurred, (5) any punch, die, plate, stone, labeling, container or other thing used or designed for use in making a counterfeit drug or drugs, and (6) any conveyance being used to transport, carry or hold a depressant or stimulant drug with respect to which a prohibited act within the meaning of section 2 has occurred; or any conveyance being used to transport, carry or hold a counterfeit drug in violation of section 7(b) of this Act. As used in this paragraph the term "conveyance" includes every description of vehicle, vessel, aircraft, or other contrivance used, or capable of being used as a means of transportation on land, in water, or through the air.

(b) When an article, equipment, conveyance, or other thing is seized under § 5(a), the Department shall, within 5 days thereafter, cause to be filed in the (appropriate court) in whose jurisdiction the merchandise is seized or detained a complaint for condemnation of such merchandise as herein provided. The proceedings shall be brought in the name of the state by the State's Attorney of the county or Baltimore City in which the article was seized, and the complaint shall be verified by a duly authorized agent of the state in a manner required by the law of this state. The complaint shall describe the merchandise, state its location, state the name of the person, firm or corporation in actual possession, state the name of the owner, if known to the duly authorized agent of the state, allege the essential elements of the violation which is claimed to exist, and shall conclude with a prayer of due process to enforce the forfeiture. Upon filing of such a complaint, the court, shall promptly cause process to issue to the Sheriff, commanding him to seize the goods described in the complaint and to hold the same for further order of the court. The Sheriff shall at the time of seizure, serve a copy of said process upon the owner of said merchandise.

Such service may be made personally, by mail, or by publication according to the rules governing the service of civil process of this state. At the expiration of 20 days after such seizure, if no claimant has appeared to defend said complaint, the court shall order the Sheriff to dispose of said seized merchandise.

(c) Any person, firm or corporation having an interest in the alleged article, equipment, or other thing proceeded against, or any person, firm or corporation against whom a civil or criminal liability would exist if said merchandise is in violation of section 2 of this Act may, within 20 days following the Sheriff's seizure, appear and file answer or demurrer to the complaint. The answer or demurrer shall allege the interest or liability of the party filing it. In all other respects the issue shall be made up as in other civil actions.

(d) (1) Any article, equipment, conveyance or other thing condemned under this section shall, after entry of the decree, be disposed of by destruction or sale as the court may, in accordance with the provisions of this section, direct and the proceeds thereof, if sold, less the legal costs and charges shall be paid to the Treasurer of the State; but such article, equipment, or other thing shall not be sold under such decree contrary to provisions of this Act.

(2) Whenever in any proceedings under this section the condemnation of any equipment or conveyance or other thing (other than a drug) is decreed, the court shall allow the claim of any claimant, to the extent of such claimant's interest, for remission or mitigation of such forfeiture if such claimant proves to the satisfaction of the court (A) that he has not committed or caused to be committed any prohibited act referred to in subparagraph (a) and has no interest in any drug referred to therein, (B) that he has an interest in such equipment or other thing as owner

or lienor or otherwise, acquired by him in good faith, and (C) that he at no time had any knowledge or reason to believe that such equipment, or conveyance or other thing was being or would be used in, or to facilitate, the violations of the laws of this state relating to depressant or stimulant drugs or counterfeit drugs.

(e) When a decree of condemnation is entered against the article, equipment, conveyance or other thing, court costs and fees and storage and other proper expenses, shall be awarded against the person, if any, intervening as claimant of the article.

Section 6.

(a) It shall be the duty of each State's Attorney to whom the Department reports any violation of this Act, to cause appropriate proceedings to be instituted in the proper courts without delay and to be prosecuted in the manner required by law.

(b) Nothing in this Act shall be construed as requiring the Department to report for the institution of proceedings under this Act, minor violations of this Act, whenever the Department believes that the public interest will be adequately served in the circumstances by a suitable written notice or warning.

Section 7.

(a) No person shall manufacture, compound or process in this state any depressant or stimulant drug, except that this prohibition shall not apply to the following persons whose activities in connection with any drug are as specified in this subsection:

(1) Manufacturers, compounders, and processors, operating in conformance with the laws of this state relating to the manufacture, compounding or processing of drugs, who are regularly engaged in preparing pharmaceutical chemicals or prescription drugs for distribution through branch outlets, through wholesale druggists, or by direct shipment;

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man. From this work, according to Dr. George Gerritsen, "We hope to learn how diabetes develops—what causes one animal to develop it while another doesn't. We hope to find something different which we can use to predict, before any symptoms appear, which one will become diabetic. Obviously, this will take many

years of hard work. We may never succeed, but it's our goal." Dedication is one of the constant, priceless ingredients in all Upjohn research for new and better pharmaceuticals.

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(A) to pharmacies or to hospitals, clinics, public health agencies or physicians for dispensing by registered pharmacists upon prescriptions, or for use by or under the supervision of practitioners licensed in this state to administer such drugs in the course of their professional practice; or

(B) to laboratories or research or educational institutions for their use in research, teaching or chemical analysis.

(2) Suppliers (operating in conformance with the laws of this state relating to the manufacture, compounding or processing of drugs) of manufacturers, compounders, and processors referred to in subparagraph (1).

(3) wholesale druggists who maintain their establishments in conformance with state and local laws relating to the manufacture, compounding or processing of drugs and are regularly engaged in supplying prescription drugs (A) to pharmacies, or to hospitals, clinics, public health agencies, or physicians for dispensing by registered pharmacists upon prescriptions or for use by or under the supervision of practitioners licensed in this state to administer such drugs in the course of their professional practice, or (B) to laboratories or research or educational institutions for their use in research, teaching or clinical analysis.

(4) Pharmacies, hospitals, clinics and public health agencies which maintain their establishments in conformance with state and local laws regulating the practice of pharmacy and medicine which are regularly engaged in dispensing drugs upon prescriptions of practitioners licensed in this state to administer such drugs for patients under the care of such practitioners in the course of their professional practice.

(5) Practitioners licensed in this state to prescribe or administer depressant or stimulant drugs, while acting in the course of their professional practice.

(6) Qualified persons who use depressant or stimulant drugs in research,

teaching or chemical analysis and not for sale.

(7) Officers and employees of this state, or of a political subdivision of this state or of the United States while acting in the course of their official duties.

(8) An employee or agent of any person described in paragraph (1) through paragraph (6) of this subsection, and a nurse or other medical technician under the supervision of a practitioner licensed by law in this state to administer depressant or stimulant drugs, while such employee, nurse, or medical technician is acting in the course of his employment or occupation and not on his own account.

(b) No person other than:

(1) a person described in subsection (a), while such person is acting in the ordinary and authorized course of his business, profession, occupation, or employment, or

(2) a common or contract carrier or warehouseman, or an employee thereof, whose possession of any depressant or stimulant drug or counterfeit drug is in the usual course of his business or employment as such, shall sell, deliver or otherwise dispose of any depressant or stimulant drug or counterfeit drug to any other person.

(c) No person, other than a person described in subsection (a) or subsection (b) (2) shall possess any depressant or stimulant drug unless (1) such drug was obtained upon a valid prescription, and is held in the original container in which such drug was delivered; or (2) such drug was delivered by a practitioner in the course of his professional practice and the drug is held in the immediate container in which such drug was delivered.

(d) No person other than a person described in subsection (a) (7) shall obtain or attempt to obtain a depressant or stimulant drug by (1) fraud, deceit, misrepresentation or subterfuge (2) falsely assuming the title of or re-

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CONTEMPORARY GREETING CARDS

presenting himself to be a manufacturer, wholesaler, practitioner, pharmacist, owner of a pharmacy, or other persons authorized to possess stimulant or depressant drugs; (3) the use of a forged or altered prescription; or (4) the use of a false name or a false address on a prescription; provided this subsection shall not apply to drug manufacturers, their agents or employees, when such manufacturers, their agents or employees are authorized to engage in and are actually engaged in investigative activities toward the safeguarding of said drug manufacturer's trademark.

(e) (1) Every person engaged in manufacturing, compounding, processing, selling, delivering or otherwise disposing of any depressant or stimulant drug shall, upon the effective date of this Act, prepare a complete and accurate record of all stocks of each drug on hand and shall keep such record for three years; except that if this record has already been prepared in accordance with § 511(d) of the Federal Act, no additional record shall be required provided that all records prepared under § 511(d) of the Federal Act have been retained and are made available to the Department upon request. When additional depressant or stimulant drugs are designated after the effective date of this Act, a similar record must be prepared upon the effective date of their designation. On and after the effective date of this Act, every person manufacturing, compounding, or processing any depressant or stimulant drug shall prepare and keep, for not less than three years, a complete and accurate record of the kind and quantity of each drug manufactured, compounded, or processed and the date of such manufacture, compounding, or processing; and every person selling, delivering, or otherwise disposing of any depressant or stimulant drug shall prepare or obtain, and keep for not less than three years, a complete and accurate record of the kind and quantity of each such drug re-

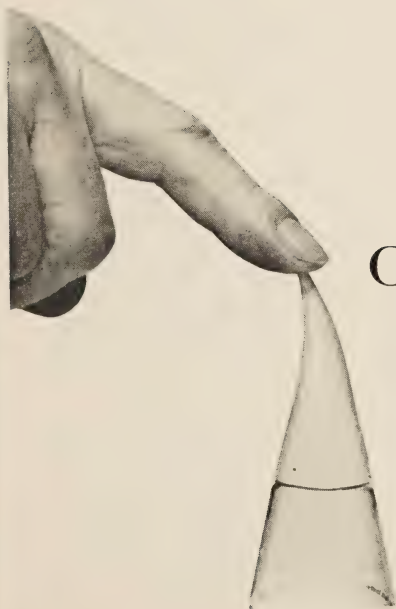
ceived, sold, delivered, or otherwise disposed of, the name and address from whom it was received and to whom it was sold, delivered, or otherwise disposed of, and the date of such transaction.

(2) (A) Every person required by paragraph (1) of this subsection to prepare or obtain, and keep, records, and any carrier maintaining records with respect to any shipment containing any depressant or stimulant drug, and every person in charge, or having custody, of such records, shall, upon request of an officer or employee designated by the Department permit such officer or employee at reasonable times to have access to and copy such records. For the purpose of verification of such records and of the enforcement of this Act, officers or employees designated by the Department are authorized to enter, at reasonable times, any factory, warehouse, establishment, or vehicle in which any depressant or stimulant drug is held, manufactured, compounded, processed, sold, delivered, or otherwise disposed of and to inspect, within reasonable limits and in a reasonable manner, such factory, warehouse, establishment, or vehicle, and all pertinent equipment, finished and unfinished material, containers and labeling therein, and all things therein (including records, files, papers, processes, controls, and facilities); and to inventory any stock of any such drug therein and obtain samples of any such drug.

(B) No inspection authorized by subparagraph (A) shall extend to (i) financial data, (ii) sales data other than shipment data, (iii) pricing data, (iv) personnel data, or (v) research data.

(3) The provisions of paragraphs (1) and (2) of this subsection shall not apply to a licensed practitioner described in subsection (a) (5) with respect to any depressant or stimulant drug received, prepared, processed, administered, or dispensed by him in the course of his professional practice, unless such

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practitioner regularly engages in dispensing any such drug or drugs to his patients for which they are charged, either separately or together with charges for other professional services.

(f) No prescription (issued before or after the effective date of this act) for any depressant or stimulant drug may be filled or refilled more than six months after the date on which such prescription was issued and no such prescription which is authorized to be refilled may be refilled more than five times, except that nothing in this Act shall be construed as preventing a practitioner from issuing a new prescription for the same drug either in writing or orally. An oral prescription for such drug shall be promptly reduced to writing on a new prescription blank and filed by the pharmacist filling it.

(g) Depressant or stimulant drugs exempted under § 511(f) of the Federal Act are exempted from the application of this section.

Section 8.

(a) Any officer or employee of the Department designated by the Commissioner of Health to conduct examinations, investigations, or inspections under this Act relating to depressant or stimulant drugs or to counterfeit drugs may, when so authorized by the Commissioner of Health:

(1) execute seizure by process issued pursuant to section 5;

(2) make, prior to the institution of libel proceedings under Section 5(b), seizures of drugs or containers or conveyances or of equipment, punches, dies, plates, stone, labeling, or other things, if they are, or he has reasonable grounds to believe that they are, subject to seizure and condemnation under section 5.

Section 9.

The authority to promulgate regulations for the efficient enforcement of this Act is hereby vested in the State

Board of Health and Mental Hygiene. The State Board of Health and Mental Hygiene is hereby authorized to make the regulations promulgated under this Act conform, insofar as practicable, with those promulgated under the Federal Act.

Section 10. If any provision of this Act is declared unconstitutional or the applicability thereof to any person or circumstances is held invalid, the constitutionality of the remainder of the Act and applicability thereof to other persons and circumstances shall not be affected thereby.

Section 11. This Act shall take effect (appropriate number of days) after the date of its enactment.

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Burrough Bros. Joins Sperti Drug Corp.

Sperti Drug Corp., Fort Mitchell, Ky., has acquired all the common stock of Burrough Bros. Pharmaceuticals, Inc., Baltimore, Md., it was announced jointly by Ray L. Sperber, Sperti president, and Claude S. Welton, Burrough Bros. president.

The acquisition was for stock of the Sperti company in addition to cash. Sperti is a publicly held company, traded over the counter. Burrough Bros. was privately held.

The purpose of the acquisition, according to Mr. Sperber, was to provide an east coast manufacturing and distribution center for Sperti's Stanley Drug Products division, which has most of its distribution on the west coast and the mid-west. The acquisition also will permit stronger western distribution for Burrough Bros.'s products through Stanley's facilities at Los Angeles and Portland, Ore.

Burrough Bros. manufactures generic pharmaceuticals under the Burrough Bros.'s label and proprietary specialties under the trade names, "Welton and Adde." It holds of contract with the National Institutes of Health for the formulation of experimental drugs. Founded in 1863, it is one of the oldest operating drug companies in the country.

Sperti Drug Corp. is engaged in research and new product development in the pharmaceutical field. It has three subsidiaries: Stanley Drug Products, Inc., in Los Angeles, Portland, Ore., and Cincinnati, O., which manufactures and distributes generic pharmaceuticals under the trade name, "Stanlabs," and several proprietary drugs; Stanley Drug Products, Ltd., Vancouver, B.C., which also manufactures and distributes generic pharmaceuticals and several proprietary; and International Hormones, Inc., Hicksville, N.Y., which manufactures bulk ingredients for pharmaceutical companies.

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BMPA NEWS

The Public Relations Committee made arrangements for the second issue of the Baltimore Apartment Shoppers Guide to be distributed through neighborhood pharmacies in the Greater Baltimore area.

As in the previous issue, there is a page telling the people of the area the importance of their neighborhood community Pharmacist to the welfare of each and every family. The message, of course, is under the heading of the Baltimore Metropolitan Pharmaceutical Association.

The Baltimore Apartment Shoppers Guide is *free* to patrons and is another of the many helpful services community pharmacies can offer their patrons.

It should be displayed prominently so that patrons can easily see it, and take advantage of this easy way to find an apartment.

Participation in this public relations program is easy and all will benefit from publicity directing the public to visit their neighborhood pharmacy to obtain a copy of the Guide.

Additional copies of the Guide can be ordered.

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Test Shows Women Past 50 Have Higher Cholesterol Levels Than Men of Any Age

More women than men past age 50 were found to have cholesterol levels above the epidemiologists' "break point". This was established in the first successful mass blood cholesterol screening test ever held, which was conducted in Woburn, Massachusetts. Dr. William B. Kannel, cardiologist-epidemiologist, cautioned in regard to the association of cholesterol and incidence of coronary heart disease. He stated, "one must remember that a high cholesterol level is only one of a number of factors known to increase risk of coronary heart disease. Blood pressure is one. Disease is another—diabetes, for example. Obesity,

exercise, smoking—all must be weighed individually and against each other".

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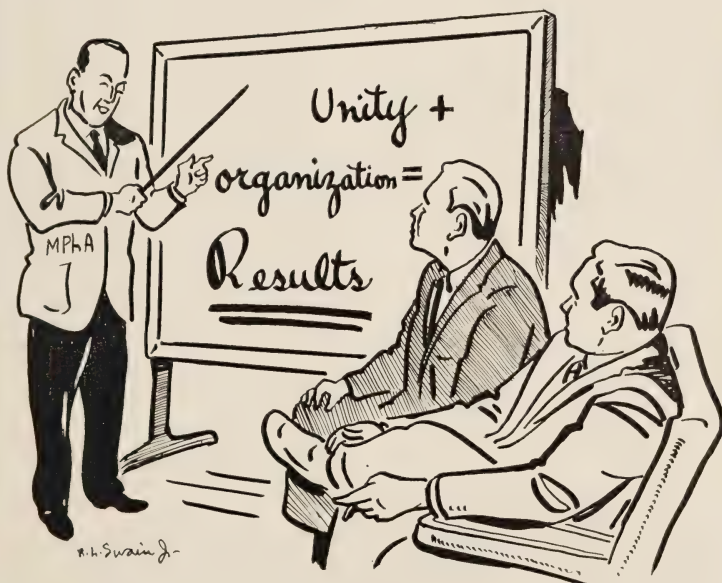
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Maryland Pharmacist
650 West Lombard Street
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UNBEATABLE COMBINATION!

OBITUARIES

Mrs. Carrie Phillips

Mrs. Carrie Mossop Phillips, 75, one of the first two women to graduate from the University of Maryland's School of Pharmacy, died October 11th. She was an Active member of the Maryland Pharmaceutical Association.

Born in Philadelphia, Mrs. Phillips received her pharmacy degree from the University of Maryland in 1912. She and the late Miss Grace Lotz were the first women to graduate from the school.

Mrs. Phillips was a pharmacist from 1912 until 1936, when she married James Phillips, who died in 1953.

Before her marriage, Mrs. Phillips worked at Morgan and Millard, and Spetzler's drug stores, and for twelve years worked at the Johns Hopkins Hospital pharmaceutical laboratory.

Mrs. Phillips had no children, but is survived by a step-daughter, Mrs. Thomas Tesch, a step-granddaughter, Mrs. Gilbert Ricklin, and two nieces, Mrs. Wilbur Ackman and Mrs. Norwood Dietrich, all of Baltimore.

* * * *

Isadore Feinstein

Isadore Feinstein, 54, who practiced pharmacy in the Washington area for several years following his graduation from the University of Maryland School of Pharmacy, died at his home in Hyattsville after a long illness on November 1st.

He was an Active member of the Maryland Pharmaceutical Association and is survived by his mother, a sister, and a brother, Bernard Feinstein (also a MPA member).

* * * *

Fred Willard Mills

Fred Willard Mills, 72, Greensboro, N.C., a pharmacist in Cumberland for many years, died November 10th at Greensboro. He is survived by his daughter, Mrs. De Luca, Durham, N.C., a brother, Lloyd of Cumberland, and four grandchildren.

He was a native of Cumberland, resided most of his early life in Keyser, W.Va., and operated the Dingle Drug Store in Cumberland for 27 years prior to his retirement in 1952.

* * * *

Abraham Haft

Abraham Haft, 72, a retired pharmacist, died in Washington on October 26. A native of Russia, he settled in Baltimore and opened a pharmacy there until moving to Washington in 1933.

He operated several pharmacies until joining his son Herbert who founded the Dart Drug Store chain in 1955.

Mr. Haft is survived by another son, a daughter, a brother, three sisters and four grandchildren.

* * * *

David J. Gitomer

Davis J. Gitomer, 75, former proprietor of the Callow Pharmacy for 18 years and founder of Gitomer's Pharmacy, Glen Burnie, died on November 5th.

He studied pharmacy in Russia, came to this country about 50 years ago and was registered by the Maryland Board of Pharmacy. He retired 15 years ago and the pharmacy now is conducted by his daughter, Mrs. Marie Schwartz and by pharmacist Robert Rosenberg, MPA member.

He is survived by his widow, another daughter, a son, 9 grandchildren, and a brother, Louis J. Gitomer (also a pharmacist).

* * * *

Albert F. Dallachiesa

Albert F. Dallachiesa, 51, personnel manager for Peoples Drug Stores, died November 4th at Doctors Hospital in

Washington after a stroke. He lived in Silver Spring.

Mr. Dallachiesa joined Peoples in 1950 upon graduation from the George Washington University School of Pharmacy. He served as manager of several stores before being promoted to personnel manager in January 1966.

Educated in public schools in Weston, Pa., his home town, he also studied surgery in New York.

He was a member of the D.C. Pharmaceutical Association, the American Pharmaceutical Association, the Washington Personnel Association, the American Management Association and the Holy Name Society of St. Michaels Catholic Church.

He is survived by his wife, Frances; three children, Elizabeth Anne, Denise and Stephen J.; and two brothers, Stephen P., of Silver Spring, and Oliver, of New York.

* * * *

John Moser

John Moser, 83, retired pharmacist, died November 19th in Baltimore.

Born in New Martinsville, W. Va., he received his doctor-of-pharmacy degree from the Philadelphia College of Pharmacy in 1909, graduating with honors.

He came to Baltimore to work for Sharp and Dohme, now Merck, Sharp and Dohme, in the fluid-extract department. While employed there he contributed to the development of a laxative.

In 1920, Dr. Moser opened a pharmacy on Federal Street in East Baltimore and operated it until his retirement in 1944.

He was a member of the Delta Chapter of the Phi Delta Chi Pharmaceutical Fraternity.

He is survived by his wife, the former Vera G. Arnold, a daughter, Mrs. Vera G. Krimmell; two sons, Richard P. Moser and Clarence A. Moser, and three grandsons, all of Baltimore.

STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION

(Act of October 22, 1963; Section 4369, Title 39, United States Code)

1. Date of filing: Novemeber 30, 1967.
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3. Frequency of issue: Bi-Monthly
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Managing Editor: Nathan I. Gruz, 650 W. Lombard Street, Balto., Md. 21201

7. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)
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8. Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities : None

9. Paragraphs 7 and 8 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner. Names and addresses of individuals who are stockholders of a corporation which itself is a stockholder or holder of bonds, mortgages or other securities of the publishing corporation have been included in paragraphs 7 and 8 when the interests of such individuals are equivalent to 1 percent or more of the total amount of the stock or securities of the publishing corporation.

10.

A. Total No. Copies Printed	1450*	1450†
B. Paid Circulation		
1. Sales Through Dealers and Carriers, Street Vendors and Counter Sales	None	None
2. Mail Subscriptions	1250	1250
C. Total Paid Circulation	1250	1250
D. Free Distribution by Mail, Carrier or by Other Means.	150	125
E. Total Distribution	1400	1375
F. Office Use, Left-over, Unaccounted, Spoiled After Printing	50	75
G. Total	1450	1450

*Average No. Copies Each Issue During Preceding 12 Months.

†Single Issue Nearest to Filing Date

I certify that the statements made by me above are correct and complete.

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